WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

MARYLAND STATI

E	DEPA	IR1	MENT	OF	HEALTH	-	TV	
C	arles S	45	Raltimore	an			4	

CERTIFICATE OF DEATH

A	
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother),
County Markington	Maryland Krailington
(If outside city of town limits, write RUI and give nearest town)	State Discotishing Max
How long in above place of death?	(If outside city or town limits, write RURAL and give pharest town)
Hospital, Institution, or street address where death occurred:	Street No. Maple and Sundabny sul
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William. Franklin Baskdoll	noul
4. Sex 5. Color or sace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white Married	2D. DATE DF DEATH LOC 18 46 21 2 A
Ima Rose Barkdoll.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	mov 30 184/1,10 Le / 1846
7. Birth date of 3-186/ deceased (no., day, yr.)	and that I last saw handle on
	Immediate cause of death
8. AGE: Years Months Days It less than one day	Il droyary I by one way joh
8-5- 2 9hrsmin.	7
8. Birtholace Mar Smith bring Wash to us	Due to certainty S clerons 15 years
Retired Farance.	Garafyr 1
10. Usual occupation. / leured / creation.	Due to
t 1. tadustry or business	
12. Name Clias Barkfoll: 13. Birthplace Vear Smiths brug, ml	Diher conditions.
13. Birthplace Near Smithsburg, me	
# 14. Maiden name Releccog. Plathle.	(Include pregnancy within 8 months of death)
No State State of the state of	Major findings of operations.
2 15. Birthplace	Date of op.
16. Informant Mys Pare. Barkoloft.	Actopsy results
Address Muchisburg mo	
17	22. VIOLENCE: If death was due to externat causes, filt in the following:
	Accident, suicide, or homicide
Cemetery or crematoge Stutters bring Ceruiting	Whers did Injury occur?
Location Sunduburg Juna	Injured at home, farm, Industry, public place (where?)
18. Funeral director Asso. Botoour	Means of Injury Injured at work?
Address Similarling and	9 Q 18 olelen
Mac 2 11/2 Poles: W Traguson	23. SIGNATURE
(Dato rec'd by registrar) (Dato rec'd by registrar) (Dato rec'd by registrar)	Address of my will free 9 Date signed of 1/4 4/6

DEC 6 1946
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WRITE

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-3

CEPTIFICATE OF DEATH



12422

			CERTI	IFICAI	E OF BEATT	Reg. Dlat. No	<i></i>		
1. PLACE OF DEATH: County					City or iown (If outside city or town limits, write RURAL and give nearest town) Street No. 235 Summit Ave.				
5. (6) 1022 111112	Ma:	rgaret	V. Bazel			None	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
4. Sex	5. Color or race	6.(a)Singl	e, married, widowed, or div	rorced	MEDICAL C	ERTIFICATION	THE STATE OF		
Female	White		Single		20. DATE OF DEATH Dec. 27,	1946 4:15	5 A . M .		
6.(b) Name of husband or 7. Birth date of	M- mala	6.(e) Il alive, give age	years	21. I CERTIFY that death accurred on the date about 19 and that I last saw h	ove stated; that Jamended de	2. 7, 19.46		
deceased (mo., day, yr.) 8. AGE: Years	Months	1 Days	t less than one day		Immediate cause of death		DURATION		
73	9	14	hrs.	min.	axut o mou	corlik	12-7-16		
9. BirthplaceDow. 10. Usual occupation 11. Industry or business	Ret	ired			Due to	llis	Dyn. 14.190		
12. NameMo	se Baz	el			Other conditions	***************************************			
13. Birthplace	Rockin	gham (Co. Va.		(Include pregnancy within 3	months of death)			
当 14. Maiden name	Ann Ma	ragret	Criswell	1	Major findings of operations	e			
14. Maiden name	Keedys	velle	Md.		Major nadials of obstances	Date of op			
16. Interment	John W.	Baze	•		Autopsy results				
Addres 35 Su	mmit Av	e · Has	rerstown,	Md .			ed statistically.		
17 Burial (Burial, eremation, o					22. VIOLENCE: 11 death was due 10 external ca				
						,			
			lemetery		Where did injury occur?(City or town)	(County)	(State)		
			<u>fd</u>		tnjured at home, 12rm, Industry, public place (n	Injured at work?			
18. Funeral director	Fred W	. Krai	SS		Meens of injury	Injured at work?			
Address Hag	erstown	, Md.	- 12	+	23. SIGNATURES INTOVANCE	yeage			
19. Dec. 3	20, 19 46	16	KAR/Boe	Registrar	Address Hogerslaws (M. I Date signe	72-30-46		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore //90)

CERTIFICATE OF DEATH

A.				2	1	1	0
20	Reg.	Diat.	No.	1	9	~	9

12423

			200. 2140. 1101	
	CE OF DEATH:	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m		
	WASHINGTON HAGERSTOWN (If outside city or town limits, write RURAL and give nearest town)	State MARKLAND Coun	y WASHING	TON
Hay lang in	(If outside city or town limits, write RURAL and give nearest town) n above glace of death?	City or town	Write RURAL and give near	eat town)
Hospilal, in	nstitution, or street address where death occurred:	Street No. L. E. BALT	MORE S	T.
KVA	SHINETON COUNTY HOSPITAL In hospital or institution? 2 DAY5	(If rural, give I 2.(a) If veteran, name war	DET.	
	ULL NAME	Z(U) II Veteran, name wai	3. (b) Social Security N	lumber
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	UEATH	NONE	
4. Sex	5. Color or race 6.(a) Singlo, married, widowed, or divorced		RTIFICATION	
M	ALE WHITE SINGLE	20. DATE OF DEATH December	17, 1946	845
8 (h) Name	o of husband or wite	21. I CERTIFY that death occurred on the date above	e atatod; that I attended decease	aed from
9.(0) (rame	S.(c) It alive, givo age	Nec (6)	th, to Doc/Te	19.44
7. Birth dat		and that I last saw h Annual live on		194.6.
8. AGE:		Immediate cause of death	4	DURATION
	2 /hrsmin	acionle Can	_ ~~ (,)	2 days
S. Birthola	ace Hogerstown abshington Md	Due to (Secon)		
	(Town, county, and atate) Thone			
	occupation	Dua to		***************************************
-	try or business	feren acidon	***************************************	18 his:
H E	ame Dennes S. Degues	Dther conditiona		
-	laiden name Hellen, J. Settles	(Include pregnancy within 8 m	ontha of death)	
6	irtholace Hagerstown Mile.	Major findings of operations.	But of some	•
	Da la I Bracath Father	Autopsy results /2/17/46 - 20 (tonline fud	-yo'
16. Informa	15 + 0 A+ 01 (= + 1 = 1	PHYSICIAN: Please underline the cause to who	ch death should be charged s	tatisticaDy.
Addres	a il the A will	22. VIOLENCE: It death was due to external caus		
(Burial	i, cremation, or removal. Which?)	Accident, aulcide, or homicide		.,
Cemeter	ry or crematory Kody Hull	Whera did injury occur?		(State)
Location	tagirstown Ma.	Injured at home, tarm, Industry, public place (wh	Injured at work?	
t8. Funera	al director Woodford J. Mornieul	Maana of Injury	Injured at WORK!	
Address	Hagerslown Md.	23. SIGNATURE STOPLE	und my),
19.	Dec. 18. 196 Brage Bowers		M. D. o	rother
(D.A.	Registra:	Address	Date signed	

DEC 21 1946 B B A A A A A A A 2411 N. Charles St., Baltimore (774)

CERTIFICATE OF DEATH

12424

			0°2050	
D	Diet	No	-	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Washington	1. 0. 1	
City or town (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Washington	*********
	City or town Clevelandville Rush	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	•
Hospital, Institution, or street address where death occurred:	street No. 13 amalne md. R. 2	
Somethis R. Z	(If rurai, give LOCATION)	
Now long in hospital or institution? at Home	2.(a) If veteran, name war.	
3. (a) FULL NAME	3. (b) Social Security Number	
Happy Euglis Ben	220-10-5861	1
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
ma land maria	Keen he 31 111 3	1
Male White married	20. DATE DE DEATH BLEEMBLE 30 19 46 , 21 3	1
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that lettended deceased from	46
	and that I last saw h Link alive on Willember 30	. 46
7. Birth date of deceased (mo., day, yr.)		
8. AGE: Years Months Days If less than one day	Immediato cause of death	ATIO
0,		
770	lux dilation of beaut	
9. Birthplace telleren Fred Co. md.	Due to.,	
(Town, county, and state)	Chance alepholisma 100	ges
10. Usual occupation Coment 3 muchus	Due to	,
11. Industry or business North Conservage Consert Corb.	896 (0	
E	Other conditions	
	(Include pregnancy within 3 months of death)	
14. Maider name Elizabeth Gerger		
14. Malden name Elizabeth Berger 15. Birthplace Wash. Co. md.	Major findings of operations.	
	Date of op	
16. Informant Mrss. Navorus Buges	Antopsy results	
Address Browston Md. R. 2	PHYSICIAN: Please underline the cause to which death should be charged statistically	/-
	22. VIOLENCE: If death was due to external causes, till in the following;	
(Burlal, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	
(d) 1	Where did injury occur? (City or town) (County) (State)	
Cemetery or crematory		
Location Donalina md	Injured at home, farm, Industry, public place (where?)	
18. Funeral director TUM 3. Bast 9 Sorus	Meens of Injury Injured at work?	
Address Bouston md	32 SIGNATURE J. W. Lellan M. W	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	23. SIGNATURE M. D. or other	1.1
Date ree'd by registrar) Registrar	Address Doonstore Date signed 1/30	146

Dr. to you

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

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JAN 2 1947 BURLAT ST WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

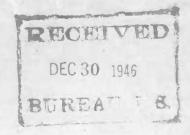
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CERTIFICATE OF DEATH

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26.		Diat.		2	R	2	10
135	Reg.	Diat.	No.		0	-	

How long in above place Hospital, institution, or	Wash Hage utside city or town li of death?street address where Harwood Institution?	20 ye	URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother) State				
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL CE	ERTIFICATION			
female	white	W	idowed	20. DATE OF DEATH December		.10:25a		
6.(b) Name of husband or wife Henry Berger 5.(c) If alive, give age years 7. Birth date of December 5 1861				21. I CERTIFY that death occurred on the date about 19	re stated; that I affended decer to 2.7-56	seed from		
deceased (mo., day, y 8. AGE: Years		Days	If less than one day	Immediate cause of death		OURATION		
85		20	hrs. min.	Can Myoru	de	644		
9. Birthplacenea		_	Wash., Md.	Due to				
11. Industry or business E 12. Name He 13. Birthplace	nry Mull	en James	, Md.	Other conditions.				
	unknown			(Include pregnancy within 3 m				
16. Informant CI	inton H. gerstown	, Md.	er	PHYSICIAN: Please noderline the cause to which death should be charged statistically.				
Buris, eremation,	l or removal. Which? Broadfo		Dec. 27, 1946 (month) (day) (year) Church	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide				
			Md.	Injured at home, farm, industry, public place (wh				
10 Eugenal diseases	Scott F.	Minn	ich & Son	Means of Injury	Injured at work?			
	Hagersto	wm, M	d.	91/0	-75			
Address Hagerstown, Md. 19. Dec. 2), 19. 6 Chastillowest (Date rec'd by registrar) (Date rec'd by registrar)				23. SIGNATURE	M, D. (14/11		



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ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-2)

CERTIFICATE OF DEATH

12426 Reg. Dist. No. 3020

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For neyborn infants give residence of mother)
County	State Maryland County Charlengton
(If outside city or town limits, write RURAL and give nearest town)	14. 6.
How long in above place of death?	City or town
Hospital, institution, or street address where death ordured;	Street No. Trees Street
July July	(If rupai, give LOCATION)
How long in hospital or institution?	2.(a) II veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
VAVID FRANKLIN 1	SOWER NONE
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Widowed	2D. DATE DF DEATH & Carrely 26, 19 46, 21 10:10 "
- alico M Hartos	21. I CERTIFY that death occurred on the date above stated; that Latended deceeeed from
6.(b) Namo of bassariu or wife	March 8 19 46, 10 Dec. 26, 19 46
7. Birth dato of School	and that I last eaw h. Am Jalive on Delan Lie 21. 1946
deceased (mo., day, yr.) 8 A.C.F. Yeare Months Days If less than ono day	Immediate cause of death
ON 0 12	by petersen Endrone-
82 8 20 min.	James Renal disease.
9. Birthplace Muganwelle Washington M	L Duo to
Farm dolor	
1D. Usual occupation.	Due 10
11. Industry or business	2
12. Name Naved Bower	Dthor conditions
13. Birthplace Jungstown, Ma.	(Include pregnancy within 3 months of death)
14. Maiden name Mary . K. Bowman	Major fiedings of operations
\$ 15. Birthplace I weekslown, Me.	Date of op.
16. Interment of Lewis Bower (son)	Autopsy results. Money
Addross, 300 E. Wilson Block.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Busich Dea 20 Mil	22. VIOLENCE: Il death was due fo external causes, till in Tho following:
(Burial, cremation, or removal, Which?) Date theroof (month) (day) (year)	Accident, suicide, or homicide
Cemotery or cromotery Tunkstown Cemoters	Whore did injury occur?
Location Funkatown, Md.	Injurod at home, farm, Industry, pub ¹¹ c place (where?)
JII T MAN	Meene of Injury Injured atywork?
18. Funeral director Communication of the Communica	V 18 ,
Address Hagerstown, Ma.	23. SIGNATURE A TOUL
19 Dec, 28, 1946 Chast Bowers	M, D, or other
(Date rec'd by registrar) Registrar	Address Nagerilow M. Date signed 127/86



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(Date rec'd by registrer)

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MARYLAND STATE DEPARTMENT OF HEALTH

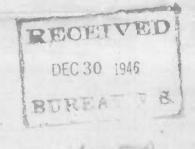
2411 N. Charles St., Baltimore 92-0

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0	176	-				0	-	
		Kee.	Diet.	No.				

		CERTIFICA	IE OF DEATH	Reg. Diet. No.			
How long in above place Hospital, Institution, or 538	Hagers utside city or town im of death? 71 S street address where de W. Wilso Institution?	ite, write RURAL and give nearest town) CARS	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infents give residence of mother) State				
4. Sex	5. Color or race	8.(a) Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION			
male	white	married	20 DATE DE DEATH Dec. 25.	19 46 at 4:00a			
T. Birth date of deceased (mo., day, you	.) Maj	E. Bragunier S.(c) It alive, give age	21. I CERTIFY that death occurred on the date about the carry of the c	ve stated; that I stlended deceased from 1.6. to Present 19			
1B. Usual occupation 11. Industry or business	Retired Western	n, Wash., Md. punty, end etete) 1 Md. Railroad Bragunier	Due to Due to				
12. Name	Hagersto		Dther conditions				
	Elizabe Hagersto	th Hose	(Include pregnency within 3 m				
16. tnformant	Mrs. Ann Hagersto	ie L. Bragunier wn, Md.	Autopsy results. PHYSICIAN: Please underline the couse to which death should be charged statistically.				
t7 Buri (Buriel, cremation, Cemetery or cremator	or removal, Which?) Rose	Hill Cemetery	Where did Injury occur?(City or town)	(County) (State)			
Location	***************************************	stown, Md.	Injured at home, tarm, industry, public place (wh	Injured at work?			
18. Funeral director	Scott F	. Minnich & Son	Means of Injury	injured at work?			
Address	Hagerst	own, Md.	Jalt 7	n. Welly Mak)			

Registrar



VS A15

WITH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 191-00

12428

CERTIFICAT	E OF DEATH Reg. Diat. No. 30 2				
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. 909 Hamilton Blvd. (If rural, give LOCATION) 2.(G) If veleran, name war.				
3. (a) FULL NAME	3. (b) Social Security Number				
Edward Brewer	None				
Male Science 6.(a)Single, married, widowed, or divorced Married Marr	MEDICAL CERTIFICATION 12/26 46 20. DATE OF DEATH 20. DATE OF DEATH				
6.(b) Name of husband or wife Nary E. Brewer 6.(c) If alive, give age 84 years 1. Birth date of deceased (mp. day yr.) April 29. 1859	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 40. to 12. 6. 19. 4. 6. and that Ylast saw h				
8. AGE: Years Months Days If less than one day 87 7 27	Immediais course of death Chorwine Sudo Carde tris Nephritis Dress Artrio Selerosis Dress Pros patitis				
11. Industry or business 12. Name	Other conditions				
17. Burial (Burial, eremation, or removal, Whieh?) Cemetery or crematory Locallon Near Clearspring, Maryland 18. Funeral director Address Hagerstown, Maryland 19. Sec. 2-7 19. Coale Co	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide				



WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legible.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)

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1197	Reg.	Diat.	No.		
7.70	Meg.	DIRC.	140.		

CERTIFICAT	E OF DEATH Reg. Diat. No. 362				
P. PLACE OF DEATH: Washington County. Hagerstown City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?. Hospital, institution, or street address where death occurred: Washington County Hospital How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County Hagers to wn (If outside city or town limits, write RURAL and give nearest town) Street No. 46 S. Mulberry St. (If rural, give LOCATION) 2.(a) It veteran, name war				
3.(a) FULL NAME David W. Carbaugh	3. (b) Social Security Number 220-16-0100				
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Male White Divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. December 5 46 7:05p				
6.(b) Name of husband or wife 6.(c) If alive, give age	21. I CERTIFY that geath occurred on the date above stated; that t altended deceased from 19. 10. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19				
8. AGE: Years Months Days It less than one day 1	Certical Homoviege I'mi				
9. Birthplace	Oue to				
Ida Bloyer 14. Malden name	(Include pregnancy within 3 months of death) Major findings of operations				
16. Informant Mr. Charles Carbaugh Address Hagerstown Md. Burial Date thereot 12-9-46 (Burial, cremation, or removal, Which?) Rest Haven Cemetery Hagerstown Md. Location Scott F. Minnich & Son Hagerstown Md. 18. Funeral director Scott F. Minnich & Son Hagerstown Md.	Antopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following; Accident, suicide, or homicide				

DEC 11 1946

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The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefuly. The construction is especially important. Physicians: please write the causes of death clearly and legibly.

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1. PLACE OF DEATH: Washington County				Sireet No			
3. (a) FULL NAM	Jame	es Garfield C	Childe	rs	3. (0) Social Security Number		
4. Sex	5. Color or race	8.(a)Single, married, widowed, or divo	rced	MEDICAL	CERTIFICATION		
Male	White	Married		20. DATE OF DEATH December	4 19 46 111;	151	
	A 17 CT	nie Childers 	3years	21. I CERTIFY that death occurred on the date and that i dest saw h	19.43 10 /2-3 11	4.6	
	rs Months	Days If less than one day			g A		
	65 3	28 Ihrs	mln.	Inmany !	nhuenlacis		
10. Usual occupation	Labore	Va. county, and state) r Childers		Due to			
12. HameF.	Paw Paw	W VA.		(Include pregnancy within	2 months of death)		
14. Malden nam	. Not Kno	wn		Major findings of operations.			
15. Birthplace		•			Date of op		
		e Childers	*************	Antopsy results	which death should be charged statistically.		
17. Buri (Burial, crematic	al en, or removal. Which?)				Date of	200000000000000000000000000000000000000	
The second secon		w Cemetery			n) (County) (State)		
		wVA.		injured at home, farm, industry, public place Means of injury	(where?)		
18. Funeral director.	Snyder -	Rowland		1/ /	10 71.		
12/2	andock, M	Han Heller	>	23. SIGNATURE # SICHU	M. D. or other	11/	
Date rec'd hy	registrar)		Registrar	Address Doncon	Bate signed for be	4.6	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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DrPrathar12585
Reg. Dist. No. 302

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Washington					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County	4.10		••••	State aryland county Washington			rton	
LIV Of 10WH assessment of the contract of the								
How long in above place	of death?	O TEST	rs		City or town (If outside city or to	own limits, write l	RURAL and give n	earest town)
Hospital, Institution, or	street address where	destu occurred	l:		ALCC! IAC	Street	***************************************	
Gate	Way Nurs		Home	***************************************	(If re	ural, give LOCAT		
How long in hospital or	Institution?	3	Years	***************************************	2.(a) If veteran, name war		Q	
3. (a) FULL NAME						3. () Social Security	Number
	Mrs,			aggett			None	
4. Sex	5. Color or race	B.(a)Singi	e, married, widowed, or i	divorced	MEDIC	CAL CERTII	FICATION	
Female	White		Widowed		20, DATE OF DEATH	cember	22 19 4	3, 21 1, 1, 3
6.(b) Name of husband	or wite	W	illiam G.		21. I CETTIFY that death occurred on th		2.1	eased from
		6.(c) If alive, give age	years		19	//	3 46
7. Birth date of deceased (mo., day, y	Dece	mber '	18, 1864		and that I last sew h		•	18
8. AGE: Years		Days	If less than one da	у	Immediate cause of death	`````		OURATION
82	0	4	hrs.	min.	Carolina &	لعبيت	guel	7 da
9. Birthplace					Q ASSOC	lary	~	1550
10. Usual occupation	Ho:	use W	ork		Due to.	•		
11. Industry or business	0.	wn Ho	me		Hypat	upu	<u> </u>	15 ym
12. Name	No .	Recor	<u>d</u>		Other conditions	***********************		
13. Birthplace	No .	Recor	d		(Include pregnancy			
H 14. Maiden name	No :	Recor	d				I death)	
14. Maiden name 15. Birthplace		Recor	d		Major findings of operations		Note of an	***************************************
16. Intermant					Antopsy results.			
	Hagerstov		11		PHYSICIAN: Please underline the co			d statistically.
				20 2010	22. VIOLENCE: 11 death was due to e	external causes, fill	n the following:	
17. Buri	or removal. Which?	Date ther	eof Dec. (month) (de	36.1946 ay) (year)	Accident, suicide, or homicide		Date of	
	y Silver		k Cemete		Where did Injury occur?(City	or town)	(County)	(State)
Location	t. Morris	s Illi	nois		Injured at home, farm, Industry, public	place (where?)		
18. Funeral director	Andma		offman		Meens of Injury	1	injured at work?	
Address		rstow			12	Vac	Ho	-
Address	17	0	74 54	1.1	23. SIGNATURE	1/-	м. D	or sther
19. Dec 2	5 1946 gistrar)	- K	y Mitre	Registrar	Magaine	m	Oate signed	12/226

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

12431 Reg. Dist. No. 3020

			2411 N. Char	les St., Bultimore 13/2	4	124	31
			CERTIFICA	TE OF DEATH	R	eg. Dist. No	3020
(If How long in above place Hospital, institution, c	Washingto Hagersto outside city or town by e ol death? r street address where to Washingto	whits, write RL year death occurred:	RAL and give nearest town)	2. USUAL RESIDENCE (HOM (For newborn infants give reside State	Couctyn limits, write RU	Washing URAL and give n	earest town)
3. (a) FULL NAM		Sod both sorting!		. 2.(a) II veteran, name war		Social Security	
D. (a) 1015 1111		Jame	s R. Clark			0-09-77	
4. Sex	5. Color or race	6.(a)Single,	married, widowed, or divorced	MEDICA	L CERTIF	ICATION	
male	black	si	ngle	20. DATE OF DEATH Dec.	17,	1946	4;45 8
6,(b) Name of husband or wife				21. I CERTIFY that death occurred on the d Dec 1.3. and that I last saw h	19.44.6. 10	Dec	17 19 4
deceased (mo., day,	,,,	Days	It less than one day	Immediate cause of death			DURATION
	53 8	12	hrsmlr	Chronia m		1.7.	
11. Industry or busines 12. Name	Lee C. unknow	lark wn Benios	(last name)	Due to	thin 3 months of a	deeth)	
1	Lagerstown			PHYSICIAN: Please underline the cause	e to which death	should be charge	d statistically.
17. Bur (Burlal, crematic Cemetery or ctame	ial n, or removal, Which?) Washi: Hager	Date Therecongton stown,	Dec. 18, 194 (month) (day) (year) County Home Md. mich & Son	Where did injury occur?(City or : Injured at home, farm, industry, public pl	town)	(County)	(State)

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	1	2	432
•	Dist		307-1

2411 N. Char St., Baltimore FO

1. PLACE OF DEATH: 0	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Washington	(For newborn infants give residence of mother)
Wighler and track for 1787 758 61	State
City or town(If outside city or toon limits, write RURAL and give nearest town)	City or town Tree wealle
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No
Washington Co Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Walter Harrison	clary 183-07-4156
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m white many	20. DATE OF DEATH. LUC 16.05 P.M
0000	21. t CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(6) Name of husband or wife	19/1 1937, 10 12/16 1946
	and that I last saw h. A. S. alive on
7. Birth date of deceased (mo., day, yr.) une 2. 1890	DIM STIAN
8. AGE: Years Months Days It less than one day	Immediate cause of dearm
4-6 (- 11) min.	The telles chereica Coldin Vassay Cox
26 6 14 mins	nerry disease
9. Birthplace Clarken Tup	Due to
(Tow), county, and atate)	
10. Usual occupation.	Oue tp.
11. Industry or business	
12. Name Campo Clary p	Other conditions
12. Name Cango Clary 13. 8irthplace Treeves the R	
	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operations.
14. Malden name / So Ole / Sartle Pa 15. Birthplace and Turk	Date of op.
201 6 ()	Antopsy results
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Filmeaster 1971	22. VtOLENCE: Il death was due to external causes, till in the following;
17. Date thereof 19 (year)	Accident, suicide, or homicide
(Burlal, erection or removal Which?) (month) (day)	Man and the state of the state
Cemetery or seematory	Where did injury occur?
Hagerston ma	Injured at home, farm, Industry, public place (where?)
Location	Meens of Injury Injured at work?
18. Funeral director	2.1X.
Address Freencastle 19	23. SIGNATURE W. J. J.
Bea 18 11 Plan Hope Beller	M. D. or other
19. (Date rec'd by registrar) Registrar	Address Heliles Je . Date signed
(Date for a by fegintiat)	,,,

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The MARGIN RESERVED FOR BINDING

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DEC 21 1946

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-4



CERTIFICATE OF DEATH

12433 Reg. Dist. No. 3050

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Na ryland County Washington City or town Rural Boansboro. Id. (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred: Mt. ena Road	Street No. Lit. Len: Road (Ifrural, give LOCATION)		
How long In hospital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME George H. Coleman	3. (b) Social Security Number None		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Widowed	20. DATE OF DEATH. Dec. 24, 1946 19 11:30 P. 1		
6.(b) Name of husband or wife	20. DATE OF DEATH		
deceased (mo., day, yr.)	Immediate cause of death		
8. AGE: Years Months Days If less than one day 2	Varrilar arterio seleroses 151		
9. Birthplace Washington County, Ide (Town, county, and state) 10. Usual occupation Laborer 11. Industry or business 12. Name Gaorge H. Coleman 13. Birthplace ————————————————————————————————————	Due to my ocaraller 1047 Due to Little Westerrelan Other conditions Filerslashan		
13. Birtholace Lapyland	(Include pregnancy within 3 months of death)		
E 14. Malden name Catherine Kauffman,			
14. Maiden name Catherine Kauliman	Major findings of operations.		
16. Informant Russel Coleman Address 827 Md. Ave Hagerstown, Md.	Autopsy results		
	22. VIOLENCE: If death was due to external causes, fill in the following:		
17. Burial Date thereof De.C. 27-46. (Burlat, cremation, or removal, Which?)	Accident, suicide, or homicide		
Cometery or crematory. Rest Haven Cemetery	Where did injury occur?		
Location Hacerstown, I'd.	injured at home, farm, industry, public place (where?)		
18. Funeral director. Fred W. Kraiss	Means of Injury injured at work?		
Address Hagerstown, Md.	23 SIGNATURE Jewhend Wells Wish CO. MU.		
19. A = 27, 19 46 Plu K. Bast Registrar	Hagerstown, Md. 12/27/4		

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MARVI	AND	STATE	DEPARTMENT	OF	HEALTH
MARIL	AND	SIAIL	DELARIMENT	OI.	HEALII

2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH

			1	1
V 100	Reg. Dist.	No	00	10

12434

1. PLACE OF DEATH: County Washington City or town. Williamsport (If outside sity or town finits, write RURAL and give nearest town) How leng in above place of death? 1 year & 6 months Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington City or town Williamsport (If outside city or town limits, write RURAL and give nearest town) Street No. 22 E. Potomac St. (If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
	5.(0) 5.00.00.00.00.00.00.00.00.00.00.00.00.00
Miss Nellie Cecelia Collins 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDIÇÂL CERTIFICATION
Female White Single	20. DATE DF DEATH. 12/29/4/2 19
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
deceased (mo., day, yr.) May 28, 1864	Immediate cause of death
8. AGE: Years Months Days It less than one day 8. AGE: Tears Months Days It less than one day 1hrsmin.	Edderseout Day
9. Birthplace Harpers Ferry, W. Va. (Town, county, and state)	Due to.
10. Usual occupation	Due to
Patrick Collins	Other conditions
	(Iuclude pregnancy within 3 months of death)
14. Maiden name Jane O'Conner S 15. Birthplace Ireland	Major findings of operations
	Date of op.
16. Informant Mrs. Catherine Thompson	Autopsy results
Address 22 E. Potomac St. Wmsport	22. VIOLENCE: If death was due te external causes, fill in the fellowing:
Date thereef. Dec 3 24, 1946. (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Riverview Cemetery	Where did Injury eccur?
Lecation Willamsport, Md.	Injured at heme, farm, industry, public place (where?)
18. Funeral director Edith V. Leaf	Means of injury lotared at work?
Address Williamsport, Md.	23 SIGNATURE & A CPU To Journa
19. 12/8/(Date pec'd by registrar) 1946 Mrs & Lee H. Elroy Registrar	Address C. La Cleus for Lux Bate signed Address



UNFADING INK. Supply every item of information carefully. The correct Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-0

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CERTIFICATE	OTI	DE APPLY
CHRITHICATE		
CLIVIIIICAIL		

Reg. Dist. No. 3026

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
County						
City or town			URAL and give nearest town)	Harerstown	A	
How long to obove plans	death? 14	Years		City or town. Hagerstown (If outside city or town limits	, write RURAL and give near	eat town)
Hospital, Institution, or	etreet address where	death occurred	• • • • • • • • • • • • • • • • • • •	Street No. 203 So Prosp		
			St.	Street No		
How long in hospital or institution? None			***************************************	2.(u) it veteran, name war		
3. (a) FULL NAME		FATA	707		3. (b) Social Security N	lumber
4. Sex	ATTIE EL		e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
						2 20
Female	White		idow	20. DATE OF DEATH December	29 194619	at G. GU M
6.(b) Name of husband	or wife	Edwar	d	21. I CERTIFY that death occurred on the date abo	we stated; that I attended decea	ed from
		E (-) It alive give age	1945-11	10. 22.29	19.4
7. Sirth date of	TT - 2-		e) It alive, give ageyears	and that I fact new hat alive on	229,1946-	19
deceased (mo., doy, y) Ter	ruary	4 1869	Immediate cause of death	,	DURATION
8. AGE: Years	Months	Daye	If less than one day	Traininglyia (1-	10 days
77	10	27	hrs min.			7
9. Birthplace	House	wife		Due to Confermal Oct	Bures Burn.	7
11. Industry or business						
字) 12. Rame	Buffalo	N Y	***************************************	Other conditions		***************************************
				(Include pregnancy within 8 r		
置 14. Maiden name				Major findings of operations		
HIOW 15. Birthplace	Tonawand	la N Y			Date of op	
	hur W. C	ox	***************************************	Antopsy results		
Address Hagerstown Md.				PHYSICIAN: Please underline the cause to wh		tatistically.
				22. VIOLENCE: If doath was due to external cau		
Removal (Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?)				Accident, suicide, or homicide	Date of	
Comotery or crematory Forest Lawn Cemetery			n Cemetery	Where did injury occur?(City or town)	(County)	(State)
Location Buffalo N Y				Injured at home, tarm, industry, public place (w	here?)	
18. Funeral director. Andrew K. Coffman			ffman	Means of Injury	Injured at work?	
Ha mana town Md				AlmmaP	Porte In	
Addross	22000420	- Pu	P 1/1	/23. SIGNATURE	M, D, o	r other
19. Dec. 30, 1946 Phasf Hours (Date ree'd by registrar) Registrar				Address tragerstown In	Dato signed.	1 - 1 - 1

a. K. or found

JAN Z 1947

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. 012. No.36 0 20

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washington City or town Conocoheague Md. (If outside city or town limits, write RURAL and give nearest town) Rural (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Steward Marion Crim	3. (b) Social Security Number None
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced White Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH Dec. 16, 1946 1946 1946 1946
6.(6) Name of hueband or wife Henrietta Lose 6.(c) If alive, give age yeare 7. Birth date of deceased (mo., day, yr.) Fune 7, 1878	21. I CERTIEY that death occurred on the date above etated; that I attended deceased from 19. 45 to DE 19. 45 and that I last saw harmonic alive on 19. 45 Immediate cause of death DURATION
8. AGE: Years Months Days tf lese than one day 69 6 9hrehre.	Can be he monting - 2 mb.
8. Birthplace Berkley County, West Virginia (Town, county, and state) 10. Usual occupation Retired Farmer 11. Industry or business	Due to De la Pensiu Careo Due to
12. Name Jacob Coe Crim 13. Birthplace Berkley Co. West Virginia	Diher conditions
Sarah Elizabeth Steward 14. Malden name Sarah Elizabeth Steward 15. Birthplace Jefferson Co. West Virgin	Major findings of operations.
16. Informant Mrs. Charles Barnard Address Martinsburg, West Virginia.	Autopsy results
Burial Date thereof Dec. 19, 194 (Burial, cremation, or removal, Which?) Cometery or crematory Rosedale Cemetery	22. YIOLENCE: If geath was due to external causes, in in the following: Accident, eulcide, or homicide
Location Martinsburg West Virginia 16. Funeral director H. K. Brown	Injured at home, farm, Industry, public place (where?)
Address Martinsburg, West Virginia. 18. 6. 19. 46 6. 19. 46 Registrar	23. SIGNATURE / 1-): Tournam most . Address 00 Professional Onto Blogs signed 18 Day 46



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH



			CERTIFICA	Reg. Diat. No.		
PLACE OF DE				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Washing ton City or town. Hasers town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Layman Nursing Home How long in hospital or institution? 2 Years			URAL and give nearest town)	State ARYLAND County Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. 711 Forest Drive (If rural, give LOCATION) 2.(a) If yeleran, name war None		
3. (a) FULL NAME	Ē			3. (b) Social Security Number		
HA	RVEY CLI		CUNNINGHAM	None		
4. Sex Male	5. Color or race White		e, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. December 19. 19.46 al.2: 3.0Pm		
6.(b) Name of husband 7. Birth date of	TD 4 1	6.(d	trie c) If alive, give age	and that I last eaw h		
8. AGE: Yeare		Days 29	If leee than one day	Immediate cause of death		
9. Sirthplace Cearfoss Washington Co./ Md. (Town, county, and state) 10. Usual occupation Farmer 11. Industry or businese Retired				MALNUTRITION F		
			han	Dther conditione		
13. Birthplace Cearfoss Md. 14. Maiden name Lary K. Hicks 15. Birthplace Cearfoss Ld.			S	Major hadiags et eperations		
16. Informant		e P.C	unningham	Actorsy resolts		
Cemetery or cremato		ern G	eof 12/21/46 (month) (day) (year) enetery	Accident, suicide, or homicide		
Location Ringold Md. 18. Funeral director Andrew K. Coffuan Address Hagerstown Md.			fran	Meane of Injury Injured at work?		
19. (Date ree'd by re	(1946 gistrar)	S.	Marie Registrar	O Co De Sod: M. D. oration		

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UNFADING INK. Supply every item of information carefully Ine corrant. Physicians: please write the causes of death clearly and legibly.

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No.	
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1. PLACE OF DEA	тн			Social Security# 219	-01-7377
County Washington				Registration Dist. No.	3071
Village or City Knoxville (Rural)				No.	St. Ward
Length of cosidence in	ity or town where	doeth convered	19 (If	death occurred in a hospital or institution, give its NAME instead o	of street and number)
2. FULL NAME					
				If U. S. Veteran, specify WAR_None	
(a) Residence: No.	OX 113,	(Usual place	of abode)	118., Ward.	or town and State
PERSONAL AT	ND STATIS	TICAL PARTI	CULARS	MEDICAL CERTIFICATE OF D	EATH
Male Whi			RfED, WIDOWED, D (write the word)	21. DATE OF DEATH December 17, (Month) (Da)	, 193 46
HUSBAND of (or) WIFE of Eva		ne Grim	n	22. HEREBY CERTIFY, That	l attended deceased from
DATE OF BIRTH (month, d	ay, and yeer) So	ept. 14,	1901	I last saw h was alive on	, 19. 4-0; death Is said
AGE Years	Months	Days	if LESS than	to have occurred on the date stated above, at	
45	3	3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Impo	prtance Date of onest
8. Trade, profession, or kind of work done SAWYER, BOOKKE 9. Industry or business work was done, as SAW MILL, BANK, 10. Date decessed last withis occupation (myear) - AUCL	n which Fri SILK MILL, etc	mpany	ers Expre	SS Other Contributory Causes of importances	المحقودا ال
(State or country)	Virgin	а	J	Soldie Taliail.	(Dre
13. NAME GOOT	ge Demo				
13. NAME George Demory 14. BIRTHPLACE (city or town) Loudoun County (State or country) Virginia				Name of operation	
15. MAIDEN NAME LU				23. If deeth was due to externel causes (VIOL ENCE) fill in also t	he following:
15. MAIDEN NAME Lulu Belle Waters 16. BIRTHPLACE (city or town) Loudoun County (State or country) Virginia				Accident, suicide, or homicide? Date of inj Where did injury occur?	
17. INFORMANT Mrs. Eva Demory, Box 115, (Address) R. F. D. #1, Knoxville, Md. 18. HERIAL, CREMATION, OR REMOVAL				(Specify city or town, cou Specify whether Injury occurred in INDUSTRY, In HOME, or In Manner of Injury	inty and State) PUBLIC PLACE,
PlaceBrownsville, Md. Date 12/21 19 46			/21 ,19 46	Nature of injury	
19. UNDERTAKER Meling T. Strider W. Address) Charles form: It Va			Trou	24. Was disease or injury in any way related to occupation of de	eceased? W.
FILED DEC 21	1946-600	rmelina?	Y. Coatle	(Signed (Address)	2M. D

19/19/7

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UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the dcceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related caus of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
		2 = 112	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimor

CERTIFICATE OF DEATH

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A PRINT OF	

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Washington	
City or town	State Maryland county Wilhugton
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. S. main St.
Wash. Co. Hospital	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Della Jane Detrow	house
4. Sex 5. Color or race (.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White married	2D, DATE OF DEATH DECEMber 11, 19 46, at 313p
6,(b) Name of husband or wife Charles Detrons	21 T CERTIEV that death accurred on the date above stated: that I attended deceased from
	Warst ny 1946 to Decenter 11, 1946
7. Birth date of	and that I last saw h alive on Describer 11 19 46
deceased (mo., day, yr.) Worth 2 18 8 A.C.F. Years Months Days It less than one day	Immediate gause of death
o. Ada.	
64 1 8hrsmin.	Chicar of manne
9. Birthplace Male leville wash . Co. Md.	Due to
1D. Usual occupation Dauseule	
11, Industry or business Sun Home	Due to
	Cachery of molemany
12. Name Silas 3 alta	Utner conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Mary & Welty 15. Birthplace Bocraya Creak Wash, Co. Md.	Major findings of operations.
\$ 15. Birthplace Deciver Creek Wasta. Co. Md.	Date of op.
16. Intermant Clarence 3 ofty	Antopsy results.
Address Brownship md.	PHYSICIAN: Please underline the eause to which death should be charged statistically.
17 Burta Date thereof Dec. 13 19666	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory (3 + 9) Company	Where did injury occur?
Location Burnshap md	Injured at home, farm, industry, public place (where?)
18. Funeral director (DW. o) Bast & Sons	Means of Injury
Address Bronslaw Mdi /	(KBN orwent mor
her 12. UL Grant Brivers.	23. SIGNATURE M. D. or other
19	Address to gesting, Ma Date signed 1717146

DEC 14 1946 BERGARD 3 MARGIN RESERVED FOR BINDING

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Date rec'd by registrar)

of year of birth is shown 2411 N. Charle	PARTMENT OF HEALTH a St., Baltimore PA E OF DEATH
ounty	2. USUAL RESIDENCE (HOM (For newborn infants give resid State
FRANK DU	t E
Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MALE WHITE WIDOWED S.(b) Name of houseast wile	MEDICA 20. DATE OF DEATH. 21. I CERTIFY that death occurred on the and that I last saw h
17. 73.077.174 Dale thereof DEC. 23.1946	22. VIOLENCE: If death was due to axi

* 12439

Registrar

Address.

E OF	DEATH	Reg. Dist. No. 302
2. USUA (For	MARY LA	DME) OF DECEASED: sidence of mother) WD County WASH INGTON LOWN limits, write RURAL and give nearest town)
Street No.	9 N- POT	200
2.(a) ii ve	teran, name war	
+F		3.(b) Social Security Number
16	MEDI	CAL CERTIFICATION
20. DATE 0	F DEATH 20 Q	1940 at 1115 P
100	IFY that death occurred on cells	the date above stated; that I attended deceased from
	cause of death Terio-Science me with myo	tic Cardio Vascalar unkness.
Due to		
Other cond	lillons	
Major fiae	(Include pregnanc	y within 3 months of death)
Antopsy r PHYSICIA	esults	Cause to which death should be charged statistically.
22. VIOL	ENCE: If death was due to	external causes, till in the following;
Accident,	suicide, or homicide	Date of
Where did	injury occur?(Cit	yor town (County) (State)
Injured at	home, farm, industry, publ	ic place (where?)
Means of I	njury	injured at work?
	A	To Lus By
23. SIGNA	230 NB	Imay Date signed 21 day V

DEC 24 1946
BUREAU T 3

1125

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83.2

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Cou	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County		
122 Broadway Ave.	Street No. 122 Bro. dway Ave.		
How long in hospital or institution?	2.(a) If veteran, name war. None		
3. (a) FULL NAME	3. (b) Social Security Number		
MRS. HATTIE MONTGODERY ELY	None		
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Fenale White Married	20. DATE OF DEATH December 11, 19 46, 21 2: 30 E		
6,(b) Name of hysband or wife DLincoln 6,(c) It alive, give age 81 years	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from 19 4 to 19		
7. Birth date of deceased (mo., dey, yr.) September 61867			
8. AGE: Yeare Monthe Days tt less than one day 79 3 5hrehre.	Immediate cause of death OURATION Careful thrombons Careful thrombons		
9. Birthplace	Due to		
16. Informant Mr. D. Lincoln Ely Address Hagerstown Md.	Autopsy results		
17. Burial Date thereot 12/14/46. (Burial, cremation, or removal, Which?) Cemetery or crematory. Rest Haven Cemetery	22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide		
Location Hagerstown Nd.	Injured at home, farm, industry, public place (where?)		
18. Funeral director Andrew K. Coffman Address Hagerstown Md.	Ra Barel		
19 Dec. 14, 1946 Charthowers,	23. SIGNATURE M. D. D. Data Street M. D. Data S		

MARGIN RESERVED FOR BINDING

VS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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DEC 17 1946

BUREAU VA)

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CERTIFICATE OF DEATH

12441 Reg. Dist. No. 3071

1. PLAGE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
County Washington	(For newborn infants give residence of mother)		
R. Planethe Rt 467	State Lest Gracias County Septement		
(If outside eity or town limits, write RURAL and give nearest town)	She Lock Conclin		
How long in above place of death?	(If outside city or town limits, write RURAL and gi	ve nearest town)	
Hospital, Institution, or street address where death occurred:	Street No.		
	(If rural, give LOCATION)		
	2.(a) If veteran, name war.	/	
How long in hospital or institution?			
3. (a) FULL NAME Charles Butler 7	3. (b) Social Section	urity Number	
4. Sex 5. Color or race 6.(α)Single, married, widowed, or divorced	TOUCH CERTIFICATION	.9	
1 4	MEDICAL CERTIFICATION	,	
19 W manced	20. DATE OF DEATH Lec 28.46 19.	al PP	
711. 61.1.			
6.(b) Name of husband or wife. Memerya Cayande	21. I CERTIFY that death occurred on the date above stated: that attende	L-46	
	Nec > d - 4 (1) Mee 2	7 19	
7. Birth date of	and that I last saw h. see the on the last saw h.	46 19	
deceased (mo., day, yr.)	Immediais cause of death	OURATION	
8. AGE: Years Months Days If less than one day	thech fallering		
61 6 21hrsmin.		- 8	
720		tasted	
9. Birthplace	Due To Creature of the	death	
(Town, county, and state)	Execuse Carbine Velatice		
18. Usual occupation (USA). Michaele.	Ruo fo		
11. Industry or business	BUC IV		
12. Name David trally	Other conditions		
13. Birthplace Mary Caul,			
E Sunday	(Include pregnancy within 3 months of death)		
14. Maiden name Suitable Floor	Major findings of operations		
≥ 15. Birthplace Mary Educk			
26 m 2			
18. informant All Market State	PHYS1C1AN: Please underline the cause to which death should be ch	arged statistically.	
Address Hallaun West yesping			
Ruin 6/21/948	22. V10LENCE: If death was due to external causes, fill by the following:	12/18/11	
(Burial, cremation, or removal, Which?) Date thereo! (month) (day) (year)	Accident, suicide or bominide accident. Date of	1/1/9	
Eller Wood	Where did Injury occur? #67 11 mules for	m//# 40	
Cemetery or crematory	(City or town)	Statul	
Location Thepherdelown West ling ina	Injured at home, farm, Industry, public place (where?)	withing	
0 31 2 th B	Means of Injury thurch ty austo Injured at work	?	
18. Funeral director Co. X: Telle	1/- 201		
Address Brunsund Md	1 91/8/18		
A CONTRACTOR OF THE STATE OF TH	23. SIGNATURE No Survey Company	W D or other	
10 DEC 30 10 46 doornelies N. Casile	acting con	out of	
(Date rec'd by registrar) (YF RecT) Registrar	Address Destroit Veg Date s	igned	

MARGIN RESERVED FOR BINDING

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

WRITE

PLEASE

JAN 6 1947
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VS

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

I. PLACE OF DEATH: County		2. USUAL RESIDENCE (HOME) OF (For newborn infents give residence of m state	DECEASED: nother) Washingtor	1			
City or town		THE RESIDENCE OF THE PARTY OF T					
How long in above place of	death?	Tear	<u>s</u>				
Hospital, institution, or st	reet address where	death occurred		Street No. 41 West Antiet	iam st.		
					(If rural, give LOCATION)		
How long in hospital or le	nstitution?NO.II	Ç		2.(a) It veteran, name war None			
3. (a) FULL NAME					3. (b) Social Security	Number	
CHARLES	S HOTT G	ABE		214-09-3125			
	5. Color or race		, married, widowed, or divorced	MEDICAL CE	RTIFICATION		
Male	White	1	arried	20, DATE OF DEATH December 10) 1946 19	,21 2 A	
6.(6) Name of husband or	Anna Anna	lu.		21. I CERTIFY that death occurred on the date abov	e stated; that I attended decer	ased from	
0.(0) Name of nuseaud of	WIIG		66	1 Sept 19.	T/4 , 10 10 Dec	19.49	
7. Birth data of		5.(4	e) If alive, give ageyears	and that I Met saw h. Latt alive on 9 Le	<u> </u>	19.44	
deceased (mo., day, yr.)	Januar	A 12	1883	Immediate cause of death		DURATION	
8. AGE: Years	Months	Days	It less than one day	Carcinoma Caecus	<u>M</u>	luky	
64	10	25	hrsmin.				
9. Birthplace Boonsboro Wash, Co, Mda (Town, county, and atate)			O. Md. (tate)	Due to	<i></i>	***************************************	
10. Usual occupation Loom Fixer			***************************************			***************************************	
11. Industry or business Southern Ribbon Co.				Due to		***************************************	
			@			***************************************	
				Other conditions		***************************************	
13. Sirthplace Boonsboro Md.				(Include pregnancy within 3 m	ionths of death)		
里 14. Maiden name	Jucinaa	M. Da	nnerr	Major findings of operations.			
15. Birthplace	Boonsbo	ro Md					
14. Maiden name	rles A.	Gabe		Antopsy results			
Address Hage	erstown	Md.				stativicany.	
72/12/46			12/12/46	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide			
(Buriai, cremation, of Temovai, Wilchi)			(11101111) (111)				
Cemetery or crematory Rest Haven gemetery				Whera did injury occur?(City or town)			
Location	Hagersto	wn Md	•	Injured at home, farm, industry, poblic place (wh			
18. Funeral director	Andrew	K. Co	ffman	Maans of Injury	tnjured at work?		
	Hagers			If I had	12 pr		
9		1	Las HBANDONN	23. SIGNATURE	М. D.	or other	
19. (Date rec'd by regi	19		Registrat	Address 2 90 N Pruman	Oate signed	110446	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

CERTIFICATE OF DEATH

12443 Reg. Dist. No. 305

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother)		
Gounty Boonshoro Nd.	state Maryland county Washington Rural Boonsboro, Md.		
City or town Rural Boonsboro, Md a (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 9 Wears			
How long in above place of death? 9 Wears	City or town Rural Boonsboro, Md. (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Streel No. Mapleville Rd.		
Fahrney Memorial Home	(If rural, give LOCATION)		
How long in hospital or institution? 9 years	2.(a) If veieran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Clara C. Garry	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Single	2D. DATE DF DEATH Dec. 12, 1946 19 ,21 6 A.M		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	Dec 12 19 46 10 Dec. 12 19 46		
7. Birth date of Sentember 9. 1862	and that I last saw home alive on		
deceased (mo., day, yr.)	Immediate cause of death		
84 3 3			
hrsmin.	Phronic Myocardiles - 10 gus.		
S. Birinplace Franklin County, Pa . (Town, county, and state)	Due to.		
(Town, county, and state)	V		
10. Usual occupation Home Duties	Busha		
11. Industry or business	DUE 10		
We are 3 and 3	Other conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name Catherine Dare	Major findings of operations		
14. Malden name Catherine Dare 15. Birthplace Frederick County, Md.	Date of op.		
Polnh W Dhilling			
16. informant Act 1911 to 1111 11 95	Autopsy results		
Address 801 Pennsylvania Ave- Hagerstow	PHYSICIAN: Please underline the cause to which death about be charged statistically.		
	22. VIOLENCE: It death was due to external causes, this in the following,		
Burial Date thereof Dec. 15-46 (month) (day) (year)	Accident, sulcide, or homicide		
Cemetery or crematory Lutheran Cemetery	Where did injury occur?		
Sylvan, Pa	Injured at home, tarm, Industry, public place (where?)		
Location	Means of injury Adjured at work?		
18. Funeral director Fred W. Kraiss	meens of injury		
Address Hagerstown, Md.	MANTANA MA		
	23. SIGNATURE M. D. or other		
(Date rec'd by registrar) 19 46 Jalu A Park	Address Roonsbow Bate eigned 19/13/46		



2411 N. Charles St., Baltimore 83-0

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	- 1

	les St., Baltimore 33-00
CERTIFICAT	TE OF DEATH Reg. Dist. No. 30
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Bessie Nami De	3. (b) Social Security Number
4. Sex 5. Color of race 6.(a) Single, married; widowed, or divorced Dannale White, married	MEDICAL CERTIFICATION 20. DATE OF DEATH
5.(b) Name of husband or wife Service S.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) Charif - 12 - 1910	and that I last saw 2 alive on 2 - 18 - 18 - 19 - 19 - 19 - 19 - 19 - 19
8. AGE: Years Months Days If less than one day 36 8 7hrsmin.	Immediate cause of death DURATION Cushing Manual 10 August 10 Aug
9. Birthplace Glave Crown, county, and state) 10. Usual occupation	Oue to
12. Name acob 3 and 13. Birthpiace 3 red, Co- md. 14. Malden name Coffin Coffman 15. Birthpiace 3 red, Co- md.	Other conditions
16. Informant Hetroman Saver Address Hagers town Md. R. 3	Autopsy results
17. Burial Date thereof D. 1944 (Burial, cremation, or removal, Which?) Cemetery or crematory. Boomstone Cemetery.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Boonstone md. 18. Funeral director Boons Boonslove Md.	Injured at home, farm, Industry, public place (where?) Meens of Injury Injured at work?
19. Dec. 20, 19. 46 Gleant Bowers (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or other Address Date signed M. D. or other

MARGIN RESERVED FOR BINDING

A15 ASA

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correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and le

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

12445

3050

•	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Washington	man 0 1 limit +
City or town	0 0
How long in above place of dealh?	(if outside city or town limits, write RURAL and give nearest town)
Hospilai, institution, or street address where death occurred:	Street No. n. main St.
n. main St.	(If rurai, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Charles C Tr	212-24-2979
4. Sax 5. Color or race 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
male White married	20. DATE OF DEATH Accurber 2/4 19.46 21.16 7. M
8,(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
	nor- 28" 10 46, 10 blee 2/" 10 46
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) August 22 - 1880	Immediate cause of death
8. AGE: Years Months Days If less than one day	actional They partures 23 Days.
66 3 29hrsmin.	
9. Birthplace Nature Bonnelson Under Co. md.	Bue to
Q. to'. 1 11 when	
10. Usual occupation.	Due to
11. Industry or business in Owning & Westles Stup Co.	
12. Hame Soucab m. Street	Diher conditions
13. Birthplace Wash. Co. md-	(Include pregnancy within 3 months of death)
# 14. Malden name Mary Labule	
15. Birthplace Wash. Co. Md	Major findings of operations
16. Informant Mrs. anna Green	Autopsy results
Address Boonstres md.	
0 1	22. VIOLENCE: Il death was due to external causes, fill in the following:
(Burlal, cremation, or removal. Which?) Date thereo(1) (month) (day) (year)	Accident, suicide, or homicide
Cemelery or crematory 15 Donaboro Mausoleum	Where did injury occur?
Locallon Bernatra md.	injured at home, farm, industry, public place (where?)
PAW J Brata Sma	Means of Injury Injured at work?
18. Funeral director	0
Address (Sponsboro Md.	23 SIGNATURE The last male m. A.
Dog 22 46 11 21 1900	M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar) Registrar	Address Date signed 24234 6.

DEC 27 1946
BUREAU V 8.

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimor

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	1 /	3	CIL	5	

CERTIFICATE OF DEATH

12446

ODICATI TOTAL	Reg. Diat. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county washington	
City or town	state Manyland county Washington
How long in above place of death?	City or town (1f outside city or town limits, write RURAL and give nearest town)
Hospitat, Institution, or street address where death occurred:	Street No. Ballo Road
Heble Road.	(If rural, give LOCATION)
How long in hospital or institution? at Home	2.(a) If veteran, name war
3. (a) FULL NAME	
3. (a) FULL NAME	3. (b) Social Security Number
Howard S. Grossmall	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White married	20. DATE OF DEATH Dee 8 1946 , 210, 15 F.
man Essent Drangwille	21. CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(6) Name of husband or wife Maggie Errand Drosewickle	July 24 18 46 10 see 8 18 46
	(and that I last saw harm alive on Dec - 8 18 # 6
7. Birth date of deceased (mo., day, yr.) Auly - 26 - 1875	1
8. AGE: Years Months Days It less than one day	Immediai-cruse of death DURATION
71 4 12min.	
9. Birthplace Man Makleville Wash, Co. md	Due to Others - Scherte thank
Chami, county, and attact	Alstral
10. Usual occupation Retired Darmer	Due to
11. Industry or business	980 (0
EI 1 0 00	
12. Name	Other conditions
13. Birthplace near Makleville Wash. Co. md.	(Include pregnancy within 3 months of death)
# 14. Maiden name Emma Staufer	
5	Major findings of operations.
	Date of op
16. Informant Mrs. Magge Prosbuckle	Antopsy results
Address Flinkstown Md.	
Q1	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, eremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Church & the Brethren Country	Where did injury occur?
Cemetery or crematory.	
Location Deauer Creek Mg	Injured at home, farm, industry, public place (where?)
18. Funeral director Wy 3. Bast 4 Strus	Means of injury Injured at work?
Address Bornalow ma	Jedney hoversees ms
Age 10. 46 Chapt Brusers	23. SIGNATURE M. D. or other
19. Registrar	Interest under Mil Bate signed 12-9-4-



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-4)

CERTIFICATE OF DEATH

	all Pro	XX	
27			1
Reg. Dis		30	24)
/Reg. Dis	tt. No.		

12447

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Maud I. Hickman	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Single	20. DATE DF DEATH 19 Dac 19 46 at 5 A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4.9., to 19.4.9. and that I last saw h. 04 alive on 17. Dec. 19.4.9.
8. AGE: Years Months Days If less than one day 62 3 15	Arterio scientic Cardio Vascular DURATION Arterio scientic Cardio Vascular unhang
9. Birthplace Hagerstown, Wash. Co. Md. (Town, county, and state) 10. Usual occupation Housework 11. Industry or business	Due to
John C. Hickman 12. Name Loudon Co. Va.	Dther conditions
14. Malden name Louise I. Gardner 15. Sirthplace Clearspring, Maryland 16. Name of the large o	(Include pregnancy within 8 months of death) Major findings of operations
18. Intermant Miss Edna Hickman Address Hagerstown, Maryland	Autopsy results
17. Burial Date thereof 12-21-46 (Burial, cremation, or removal, Which?) Cemetery or crematory. Rose Hill Cemetery	22. VIOLENCE: If death was due fo external causes, fill in the following: Accidenf, suicide, or homicide
Genetery or crematory	(City or town) (County) (State)
Location Hagerstown, Maryland	Injured at home, farm, industry, pub'ic place (wherer) Means of Injuryd af work?
18. Funeral director C. M. Suter & Sons	1416
Address Hagerstown, Maryland	23. SIGNATURE A J Ausky
19 Dec. 21. 1846 SkarffBowers	M. D. or other & 6



ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

important.

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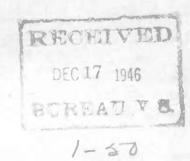
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-1

CERTIFICATE OF DEATH

Dr. Prather 12448

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASE (For newborn infants give residence of mother)	D:
county. Washington				State Laryland County Vas	hington
City or town			RURAL and give nearest town)	· · · · · · · · · · · · · · · · · · ·	
How long in above place of death? 26 Years				City or town (If outside city or town limits, write RURA	L and give nearest town)
Hospital, Institution, or street address where death occurred:			d:	Sireet No. 350 Cannon Ave.	
350 N. Cann n Ave.				(If rural, give LOCATION)	
How long in hospit	al or institution?			2.(a) If veteran, name war None	
3. (a) FULL N.	AME			3. (b) So	cial Security Number
SAL	UEL C. HO	SE		Non	e
4. Sex	5. Color or race		le, married, widowed, or divorced	MEDICAL CERTIFICA	ATION
Male	White	Wic	dowed	20, DATE OF DEATH December 12.	19.4.6 1.2. 30/
	Floor	Una	3	21 I CERTIFY that death accurred on the date above stated: that	t attended deceased from
				.10 to	Cec 12 19
7. Birth dala of		8.((c) If alive, give ageyears	and that I last eaw h alive on les	≥ 19 Y K
deceased (mo.,	ley. yr.) Septe	ber :	26,1863	Immediate cause of death	
8. AGE:	feare Months	Days	If leee than one day	m	
8	33 2	16	min.	Myseada muffer	y 6 mg
- November F	lagerstown	Wash.	ington Co. Md.	Oue to	
	(Town,	eounty, and	atate)	Chipe a My ocardit	~ 3 gus
10. Usual occupat	Shoe	laker	•••••••••••••••••••••••••••••••••••	•	
11. Industry or but	dinees Own Em	oloye:	r	the to	10 423
				Other conditions.	
	Hagersto			(1. Leupclaward	
				(Include pregnancy within 3 months of dear	th)
HI 14. Maiden n 15. Birthplace	ame I & I V BU.		t	Major findings of operations	
€ 15. Birthplace	Hagers	town 1	Md.	D	ate of op
tS. Informant	Mrs. Anna	Spar	row	Autopsy results	
Address	lagerstown	Nd.		PHYSICIAN: Please underline the cause to which death sho	
			2.72/71/46	22. VIOLENCE: If death wae due to external causes, fill in the	
	ation, or removal. Which?	Date the	reof. 1 /14/46 (month) (day) (year)	Accident, euicide, or homicide	
Cemetery or cre	matory Rose H	111 C	emetery	Whera did injury occur?(City or town) (C	
				tnjured at home, farm, induetry, public place (where2)	ed at work?
t8. Funeral direct	or Andrew	K. Co	offman	Meane of Injury Mijur	
Address	Hagerston	vn Md.		1 1 267	Kor
9	15 11/		Garles	23. SIGNATURE	M. D. or other
19. (Data rec'd b	, 13, 1946	101	Registra	Addrest Lagarston, lud	Date signed 0-c.13.4C
(Date rec d t	2 reginerary		and River at	WAREA TO SELECTION OF THE PROPERTY OF THE P	



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

12449

CERTIFICATE OF DEATH

Reg. Dist. No. 3050

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County: Washingtons	state maruland county Washington
Cily or town	A 44
How long in above place of death?	City or town
Hospital, institution, or street address where death occurred:	Street No. Main St.
main St.	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Oscar Koy Hoult	220-09-7312
4. Sex 5. Color or race 6.(a)Single, parried, widowed, of divorced	MEDICAL CERTIFICATION about
male white married	20. DATE OF DEATH. Dec. 16 1946, 21 10 AM
6.(6) Name of husband or wife Beatrice Dougst.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.(c) If alive, give ageyears	
7 Right date of	and that I last saw halive on
deceased (mo., day, yr.) November 30 - 189	Immediaic cause of death DURATION
o. Auc.	
55 0 16min.	Ch. myocarata man 1965
9. Birthplace Mt. Lena Wash. Co. Md. (Town, county, and state)	Due to
1D. Usuai occupation	Due Acule alsoholes harcoses
11. Industry or business Fairfuld aircraft Cub.	
12. Name Cornelions Hought 13. Birthplace Mt. Leva Wash. Co: Md.	Dther conditions
13. Birtholace Mt. Leva Wash. Co: Md.	
A . A	(Include pregnancy within 3 months of death)
E 14. maiden name	Major findings of operations.
2 15. Birthpiace not Leva Wash. Co. md	Date of op.
16. Informant Mrs. Beatrice Houpt	Autopsy results
Address Mableville mde	
Q . 101 Q . 10116	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, of removal. Which?) (Burial, cremation, of removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Clausela g. the Brethress Cercutary	Where did injury occur?
Location Beauer Creak md.	Injured at home, farm, industry, public place (where?)
18. Funeral director Com 3 - Bast & Sous	Means of injury Injured at work? Leganty hued
Address Burnslins md.	Wells Exan. Wash. Co.
18 Dec. 17. (Date rec'd by registrar) (Date rec'd by registrar) Registrar	Address ta surformed My 4. Date signed Dec 17/4/
(Date ice a place interior)	

DEC 20 1946

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WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

12450 Reg. Dist. No. 30.5-8

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Washington	State Maruland county Urashington
City or town	City or town. (If outside city or town limits, write RURAL and give nearcat town)
How long in above place of doath?	
St. Paul St.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If voteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
William alvey Itrupa	none
4. Sox 5. Color or race 6.(4) Single, married, widowed, or divorced 3	MEDICAL CERTIFICATION
male white Widowy	20. DATE OF DEATH. ARECULAR TO 19.46 at 11.46 a. M
6.(b) Namo of husband or wife 3 annie 9 trupe	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
6.(c) If alive, give ageyears	Rad 28" 19.46 10 Acc. 7" 19.46
7. Birth date of deceased (mo., day, yr.) Settember - 11 - 1862	and that I last saw h
8. AGE: Years Months Days If less than one day	Immedia: cause of death OURATION
84 2 26hrsmin.	
9. Birthplace Brushis Wash Co. md.	Oue to.
10. Usual occupation Retired wood worker	
11. Industry or business 7 writing 7 actory	Oue to
	Other conditions.
12. Namo Daniel Junie 13. Birthplaco Bosnelno Wach. Co. md.	(Include pregnancy within 3 months of death)
14. Maiden name Susan Dutrow 15. Birthplace Bornsho Wark, Co. md.	Major findings of operations.
Man Vale OValente	Autopsy results
16. Informant MA Brown Md	PHYSICIAN: Please coderline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due fo external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thoroof Dec. 10. 1946 (month) (day) (year)	Accident, suicide, or homicide
Cemotery or crematory Bourstone Cernstany	Where did injury occur?
location Boomstro Md.	Injured at home, farm, industry, public place (whore?)
18. Funeral director Coru J. Bast & Sous	Msans of injury Injured at work?
Addross Bourshus Md.	6/11/2 1 2 A
11 1 1 1 1 1 1	23. SIGNATURE M. D. on other
(Date ree'd by registrar) (Date ree'd by registrar) (Date ree'd by registrar)	Address / Louishars, hid Date signed 12/9/46.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (57.2)

2 USUAL RESIDENCE (HOME) OF DECEASED.

CERTIFICATE OF DEATH

12451 Reg. Dist. No. 36

1. PLACE OF DEATH: County			URAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland Coucly Bagerstown, City or town (If outside city or town limits, write RURAL and give nearest town 434 George St. (If rural, give LOCATION) 2.(a) If veteran, name war.	n)
3. (a) FULL NAM		Ley An	n Jones	3. (b) Social Security Number None	
4. Sex Female	5. Color or race White	8.(a)Single	married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF BEATH Dec. 15, 1946 19 1:15	A • N
				21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 14 18 46 to Dec. 15 and that I last saw h. E. T. alive on Dec. 14	
8. AGE: Year		Days 15	If less than one dayhrsmin	meningocele 15	mo.
10. Usual occupation.		t		Due to	
13. Birthplace I	Heorge W. Hagerstow Francis Highfiel	n, Md.		Other conditions	
			rerstown, Md.	Autopsy results	lly.
17	ial n, or removal. Which fory Rose agerstown Fred W	Dato there Hill (, Md.	Dec. 18, 194 (month) (dey) (year) Cemetery iss	Where did injury occur?	***************************************
	B. 1946	10	last Hower	23. SIONATURE. CONCLUE M. D. or other Address. 148 W. Washington St. Date signed 120) 17/46



2411 N. Charles St., Baltimore (58)

CERTIFICATE OF DEATH

Date signed 12/4/4

	Nog. Dist. No.		
1. PLACE OF DEATH: County Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town	State County County County City or town (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 530 N. hulberry (If rurel, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME MRS. ETHEL MAY KARN	3. (b) Social Security Number 214-09-0713		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widowed	20. DATE OF DEATH December 1, 10. 46, at 10. A.		
8.(b) Name of hueband or wife Hubert 11/	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	4000		
7. Birth date of deceased (mo., day. yr.) December 25, 1893	and that I last saw h. A. alive an Real DURATION		
8. AGE: Years Months Days If less than one day	Should Should		
52 11 6 ——— hrs. ——	min.		
9. Birthplace Luray, Paire Co. Virginia (Town, county, and atate) 10. Usual occupation Clerk			
11. Industry or business Anderson Dry Cleaning C	Due to		
12. Name Martin Luther Strole 13. Birthplace Luray Va.	0		
14. Maiden name Ella Foltz 15. Birthplace Newport Va.	Major hodiogs of operations.		
18. Informant Mrs. Katherine Solomon Address Hager town Md.	Actopsy results		
17. Burial Date thereof 12/3/46 (month) (doy) (year			
Cemetery or crematory Rose Hill Cemetery	Where did injury occur? (City or town) (County) (State)		
Location Hagerst own Md.	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Andrew K. Coffnan	Means of Injury Injured at work?		
Address Hagerstown Md.	1) Granie Conili En.		
, Dee 2, 46 ChaetHBow	Ore 33. SIGNATURE M. D. Scother M. D. Scothe		

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93

CEDTICICATE OF DEATH

12453

			CER	TIFICA	Reg. Dist. No	1.0	
1. PLACE OF DEATH: County Ashington					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 10 Verrs Hospital, Institution, or street address where death occurred: 50 Hill Crest Ave How long in hospital or institution? None				earest town)	State Laryland County Shington City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 50 Hill n Crest Ave (If rural, give LOCATION) 2.(a) it veteran, name war. None		
3. (a) FULL NAME					3. (b) Social Security	-	
CHARLI	PC PTUTAD	ח עדי	DV		214-14-69		
4. Sex	5. Color or race		e, married, widowed,	or divorced	MEDICAL CERTIFICATION		
Male	White		Married		20. DATE OF DEATH December 28 1946s	8 P	
8.(6) Name of husband or wife. Carrue Poole 6.(c) It alive, give age years 7. Sirth date of					21. I CERTIFY that death occurred on the date above stated; that I attended dece		
7. Sirth date of		6.(c) It alive, give age	years	and that I last saw h. aus alive on 1>1	78 /HG	
deceased (mo., dsy, yr.) repr	lary	3 1870		Immediate cause of death.	DURATION	
8. AGE: Years	Months	Days	It less than one		Ventriculus fibrillation	tew minu	
76	10	25	hrs.	min.			
9. Sirthplace Eal	(lown, c	county, and	state)		Due 10d hyper feur: n. arterio seleso tie	grass	
10. Usual occupation 11. Industry or business	50		ucts Co		Que to	dunkin	
E 12. Name Jos Edw. Keedy					Other conditions	hukum	
					(Include pregnancy within 3 months of death)		
14. Maiden name. Sophia Clopper 15. Birtholace Eakles Mills Md.					Major findings of operations.		
15. Birthplace	Eakle	s Mil	ls Md.		Date of op.		
16. Informant Mrs. Carrie Keedy					Antopsy results	statistically.	
Address Hagerstown Md. 17. Burial Date thereot 12/31/46 (Burisl, cremation, or removal. Which?) (month) (day) (year)				1/46	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide		
Cemetery or crematory	Fairv		emetery		Where did Injury occur?	(State)	
Location	Keedys	ville	i.d.		injured at home, tarm, industry, public place (where?)		
18. Funeral director					Means of injury Injured at work?		
Address	Hage:	rstow	n Ma.		23 SIGNATURE Lo hud VItom hour	んか	
19. (Date rec'd by regi	50. 19 46 strar)	- FK	aft Boe	version Registrar	Address 154 w. work. 4	or other 12/36/4	

Address 154 W. Wash. Ly.

UNFADING INK. Supply every item of information carefully. The correctage cant. Physicians: please write the causes of death clearly and legibly.

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASEWRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Too-C

CERTIFICATE OF DEATH

Reg. Diet. No. 124543 02 0

Hospital, institution, or stre	ural I de city or town I death? est address where stown I	lagers 4. yea tath occurrent t. 4	URAL and give nearest town) IS	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland Couoty Washington City or town (If outside city or town limits, write RURAL end give nearest town) ROUTE 4 Street No. (If rural, give LOCATION)		
How long in hospital or ins 3. (a) FULL NAME	111U1107?		***************************************	2.(a) If veteran, name war		
S. (a) POLL NAME		Anno	H. Keener	3. (b) Social Security Number		
4. Sex 5.	Color or race		e, married, widowed, or divorced	TOTAL CONTINUE TION		
Female	White		rried	MEDICAL CERTIFICATION December 9 1946 all:15p.		
	viie	*****************	Keener (t) If allve, give age 60 year	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
T. Birth date of deceased (mo., day, yr.)	Augu	ist 2	5, 1888			
8. AGE: Years 58	Months 3	Days	If less than one day	Immediaje cruse of death Lichard Embolus Sudden		
9. Birthplace	Hous Own	eounty, and rese Wif	<u>'e</u>	Due to Shrombo Phlebtis Leep Veins 15 day Due to		
12. Name	John W.			Other conditions		
H 14. Maiden name	Ammand ar Chan			(Include pregnancy within 8 months of deeth) Major findings of operations		
16. Informant Mr.	Aaron I			Autopsy results		
Address Hagerstown X Rt. 4 Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Rieff's				22, VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Location Near	Cearfo	oss N	d.	Injured at home, farm, Industry, public place (where?)		
t8. Funeral director. Scott F. Minnich & Son Address Hagerstown Md.				Means of injury Injured at work? 23. SIGNATURE DESCRIPTION Manual Control of the control of		
19. (Date rec'd by regist	19.46	10%	Loff Hower Registral	Address / 300 stown, md Date signed 2/10/4		

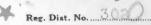


MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles

Dei, Darellinoi (6)		St.,	Baltimore	(61)
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CERTIFICATE OF DEATH

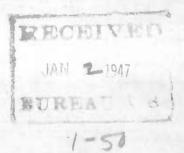


	A.S. S.	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Shipston	State Laryland County Washington	
City or town (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death? 1 Week	City or town	
Hospital, Institution, or street address where death occurred:	Street No. Pinesburg Road	
Washington County Hospital	(If rural, give LOCATION)	
How long in hospital or institution? 1 Week	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
Mrs. Elsie Mae Bachtell Kershner	217-18-7742	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	1
Fenale White Married	2D. DATE DF DEATH December 28 1946 at 11	58
S.(b) Name of husband or wife Franklin Howard	21 ACERTIFY that death occurred on the date above stated; that pattended deceased from	111
5.(c) If alive, give age 76 years	103 26 10 Dec 28 11	9. K. 6
I KITH GOIR OI	and that I last saw h.l.c. alive on flee 28	26
deceased (mo., dey, yr.) 4ay 12 1885		ATION
8. AGE: Years Months Days If less than one day	· arkinolistic Heart brains	w.t
61 7 17hrsmln.	Palmonon Destroy pt	a de
9. Birthplace Lissouri (Town, county, and state) Supervisor	Breste .	
IB. USU21 OCCUPATION.	Due to	
11. Industry or business Restaurant	A	
Daniel Stuart Bachtell 12. Name Cavetown Md.	Diher conditions	laws
13. Birtholace Cavetown Md.	Morodo preumona	
14. Melden name. Margaret Souders 15. Birthplace Missouri	(Include pregnancy within 3 months of death)	
5 Richniage Missouri	Major fiedings of operations	
16 Interment Ars. Thelma Neikirk	throws deal what fuluman cuff forma	4 preum
Hamana tarra 11d D d 2	PHYSICIAN: Please underline the cause to which death should be charged statistically	/
	22. VIOLENCE: If death was due to external causes, fill in the following;	
Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide	
(Burial, cremation, or removal, Which?) Rest Haven Cemetery		
Gemetery or Crematory	Where did injury occur?	
Hagerstown ld.	Injured at home, farm, Industry, poblic place (where?)	
tB. Funeral director. Andrew K. Coffman	Meens of Injury / Injured at work?	
Address Hagerstown .d.	thees & Bestunes has	
N= 30 UL Chart Bouses	23. SIGNATURE M. D. or other	6 -
(Date rec'd by registrar) Registrar	Address 599. ACCOUNTED Date signed 730	146

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

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CERTIFICATE OF DEATH

Reg. Dist. No. 3020

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) Slate
3. (a) FULL NAME	3 (b) Social Security Number
HARRY EUGENE	KNODE NONE 2/2-14-70
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE WIDOWED	20. DATE OF DEATH. 12/19/4 6 19
8.(b) Namo office and or wife LUVA E, BERSHEARS	21. I CERTIFY that death occurred on the dato above stated; that I attended deceased from
7. Birth date of	and that I last saw h An Dalive on 12/14/4 6 19.
deceased (mo., day, yr.) UOLY 26, 10/2	Immediate Cause of death DURATION
8. AGE: Years Months Days If less than one day 74 4 23hrsmin.	Completing that Time to have
8. Birthplace. SHARPSBORG MO. (Town, county, and state)	Oue 10
10. Usual occupation	Due to
11. Industry or business CONSTRUCTION	- January Land Comment of State Cus ones 1 Long
12 Name DAVID KNODE	Other conditions
13. Birthplace SHARPSBURG, ND.	
14. Maiden name ELANORE MYERS	(Include pregnancy within 3 months of death)
14. Maiden name E LANORE MYERS 15. Birthplace SHARPSBURG MO	Major fiedings of operations
Man & P Mall. W Dough	A Alana samita
02101 1/24-1/1 8+	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 231 Olefferant St.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) fyear)	Accident, suicido, or homicide
Cemetery or Mountain Viliv	Where did injury occur?
Sharhshura M.	Injured af home, farm, Industry, public place (where?)
Location Location	Heans of Injury Injured at work?
18. Funeral director, Cotton or Comment	16 111
Address , Yagerslown, Ma	23. SIGNATURE & Earl Bolling 1
10 Dec 21. 10 46 GraffBowers	Had of ma M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30)

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12457

Dr. Wells

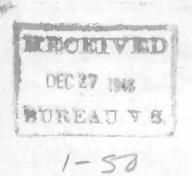
CERT	IFICATE OF DEATH Reg. Dist. No. 3030
Ounty	(If outside city or town limits, write RURAL and give nearest town) Street No. Cor. Preston Rd. Fountain Head Rometery (If rural, give LOCATION) 2.(a) If veteran, name war.
Mrs. Jane Hoffman	
5. Color or race 6.(a) Single, married, widowed, or di	MEDICAL CERTIFICATION
Female White Marrie	20. DATE DF DEATH December 22, 19 46, 21 3 P.
5.(b) Name of husband or wife E Aldine	21. I CERTIFY that death occurred on the date above etated; that I attended deceeed from
J. Birth date of	and that I hast can it
deceased (mo., 4ey, yr.) November 13, 1896	Immediate cause of death
b. AGE:	min. Owderwholker
Birthplace. Hagerstown, Washington Co (Town, county, and state) House Wife House Wife 11. Industry or buelnese 12. Name. C. Knode Hoffman 13. Birthplace Funkstown, Maryland 14. Maiden name. Bessie M. Sechrest 15. Birthplace Ringgold, Maryland	Due to.
16. Informant E. Aldine Lakin Address Hagerstown, Md.	22. VIOLENCE: It death was due and automatic a
Cemetery or crematory Rest Haven Cemetery Hagerstown, Md.	Accident, suicue, or nomiciae. Where did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?)
18. Funeral director Andrew K. Coffman Hagerstown, Md. 19. Dec. 24, 1946 Bleast Con	ever 23. SIGHATURE A Color & Welly Every With the Color of the Color o

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The east is especially important. Physicians: please write the causes of death clearly and legibly.

ARGIN RESERVED FOR BINDING

(Date rec'd by registrar)



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13.2

CERTIFICATE OF DEATH

2000	1,2458
	1.2458

BC	Reg.	Diat.	No.	3	O	5	

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
				State Maryland co	ounty	*********
City or town. Breathedsville. Md. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? from 10/3/46 Hospital, institution, or street address where death occurred: Md. State Reformatory for Males How long in hospital or institution? from 10/3/46			/46 i: Males	City or town Baltimore Mr. (1f outside city or town limit Street No. 804 N. Gilmo:	aryland ts, write RURAL and give nea r St. re LOCATION)	rest town)
3. (a) FULL NAM	ME DOLPH E1	ATT I.	eaks.		3. (b) Social Security	
4. Sex	5. Color or race		e, married, widowed, or divorced	"	unknow	Ω
male	negro		single	20. DATE OF DEATH Dec. 19	ERTIFICATION	at 9:00P M
8.(b) Name of husband or wife				21. I CERTIFY that death occurred on the date ab 21. I CERTIFY that death occurred on the date ab 22. I CERTIFY that death occurred on the date ab	bove stated; that I attended decea A 4 10 Dec 19	19.46
8. AGE: Yea		Days	If less than one day	Immediate cause of death		DURATION
	19 2	22	hrsmin.	Pulmonar Je	elecculon's	9 mo
9. Birthplace				Due to	months of desth)	
16. Informant Md. State Reformatory for Males Address Breathedsville, Md.						
17. Burisl Date thereof 12/23/46 (Burisl, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory Rose Hill Gemetery Location Hagerstown Md.			eof 12/23/46 (month) (day) (year) Gemetery	22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide	Date of	(State)
18. Funeral director Andrew K. Coffman Address Hagerstown Md.				Means of Injury Robert 1	P. Corread,	mal
19. Dec. 22 1946 July D. Oast (Date rec'd by registrar) (Date rec'd by registrar)			N. Oast Registrar	23. SIGNATURE M. D. or other Address Ofagers Foren, Med Bate signed / 2-2/-46		

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

12459

2411 N. Charles St., Baltimore (21-2) CERTIFICATE OF DEATH

Reg. Diat. No. 305 0

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Washington Ctd:	State manyland county Mashington
Cily or town. Spillman Station Rund (If outlyle city or town limits, write RURAL and give nearest town)	City or town Spielmans Station & Rural !
How tong in addre prace or death	(If outside rity or town limits, write RURAL and give necreat town)
Hospital, Institution, or street address where death occurred:	street No. 3 airplay md. P.a.
	2.(a) If veteran, name war
The total of the t	
3. (a) FULL NAME	3. (b) Social Security Number
Besse May Long.	non!
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Demale White married	20. DATE OF DEATH 1946 31. 185 / Fa. 1
6.(b) Name of husband or wife Sang	21 I CERTIFY that death occurred on the date above stated; that Lattended deceased from
	March of 18/16 10 19/16
7. Birth date of	and that I last saw A 2 alive 0 18 70
deceased (mo., day, yr.) Sebrutary - 12 - 1887 8. AGE: Years Months Days If less than one day	Immediais cause ol death
o. Aug.	1931 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Commenter of Mary
9. Birthplace Dalling Utales U	Due to Junting Light Control South
1D. Usual occupation House wife	resta and Hamis
	Old a Bhoom they as I saw
11. Industry or business	574 t
12. Name Seonge Coy 13. Birthplace User Virginia	Differ conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Odelia Virginia	Major findings of operations.
\$ 15. Birthplace West Vergeria	Date of op.
16. informant Suy m. Long	Autopsy results.
Address Zairklay md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
D 1 0 1 0 10 7 1041	22. VIOLENCE: If death was due to external causes, fill in the following:
17. (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Manor Centary	Where did Injury occur?
Location hear Tilahmanta md.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Puru & Bast 95 ons	Msans of Injury Injured at work?
Address Boonstrom Md:	20 Oto 61 Cheeles In St
	23. SIGNATURE (L. D. or of nor
GDec. 6. 1946 John A. Bast	Cherssewon, Internal 12/6/Ha



MARYLAND STATE DEPARTMENT OF HEALTH

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Reg. Dist.	No.	70	4

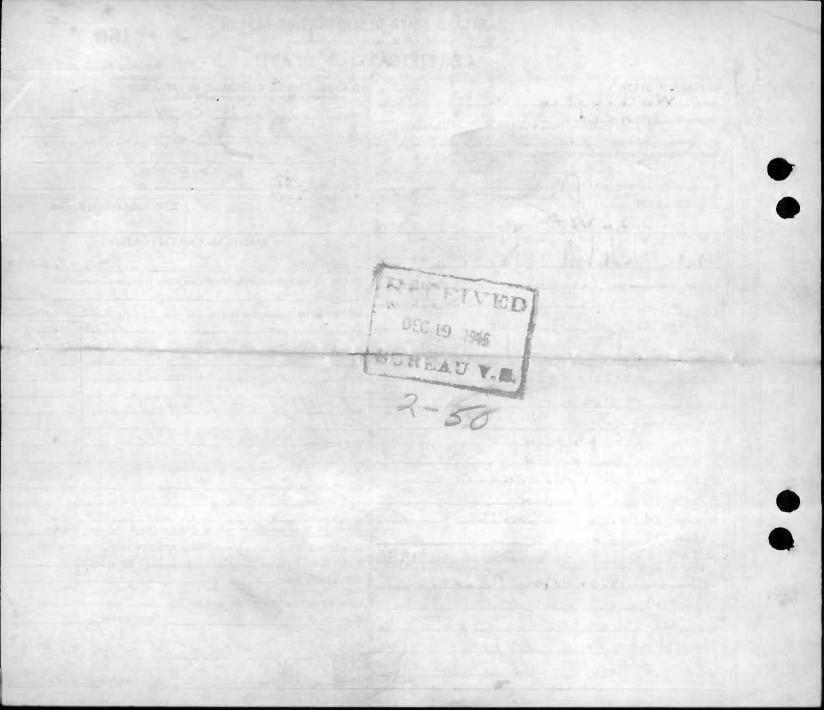
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CERTIFICATE OF DEATH

2	111 N. Charles St., Baltimore 3300 12460
CERT	IFICATE OF DEATH Reg. Dist. No. 30 4
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
City or town	State May land County Washing Ton City or town Han Cack (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. (If rurel, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war.
3. (a) FULL NAME John W. Long	3. (b) Social Security Number
4. Sex 5. Color or race b.(a) Single, parried, widowed, or c	MEDICAL CERTIFICATION
Male Colored Married	20. DATE OF DEATH
6. (6) Hame of bushend or wife) o. s.ep.ki. Ne Carter	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) - 1859	and that I last taw h
8. AGE: Years Months Days If less than one day	Immediate cause of death. DURATION Show
9. Birthplace Washington Cp., M.J.	Due to Typutures
10. Usual occupation Labover	Due to Arthornieroses
11. tadustry or business 12. Name Do Seph Leng 13. Birthplace	Dither conditions Sende Debility
14. Malden name 15 itty Younker 15. Birthplace Unknown	(Include pregnancy within 8 months of death)
15. Birthplace UNICNOWN	Major fieldings of operations
16. Informant MTS. ETTa Day Th	PHYSICIAN: Please underline the caose to which death should be charged statistically.
17 Buyia Date thereof Dec. 13 (Burial, cremation, or removal, Which?)	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide
	Where did injury occur?
Location Hancock Md.	I tnjured at home, farm, Industry, public place (where?)
	Means of Injury Injured at work?
18. Funeral director CART RE Address Hancock Man	Means of Injury Injured at work?

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MARGIN RESERVED FOR BINDING



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12461

County, washington City or town Hagerstown, aryland City or town Hagerstown, askington City or town Hagerstown, askington City or town Hagerstown, askington City or town Hagerstown City or town Williams City or town Hagerstown City or town Hagerstown City or town Hagerstown City or town Williams City or town Hagerstown City or town Ha	CERTIFICAT	TE OF DEATH Rdg. Diat. No. 30 2
## A Set S. Color or race S.	City or town. Hagerstown, laryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 5 years Hospital, institution, or street address where death occurred:	State Maryland county ashington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. 440 Salem Avenue (If rural, give LOCATION)
Female White Married 5.(b) Name of husband or wife. Silas W. Loy 5.(c) Halve, give age. 76 7. Birth dato of deceased (mo. day, yr.) December 5, 1874 8. AGE: Years O 25 hrz. min. 9. Sirthplace. Taylortown, Va. 10. Usual occupation. Housewife 11. Industry or business 12. Name. James W. Spring 13. Birthplace Taylorstown, Va. 14. Maiden name. Mary E. Davis 15. Birthplace Taylorstown, Va. 16. Informant Mrs. Russel Harman Address Hagerstown, Maryland 17. Burial 18. Logarian (moltide pregnancy within 3 months of geat) 18. Logarian (moltide pregnancy within 3 months of geat) 19. L	Lillie A. Loy	
T. Birth dato of deceased (mo., day, yr.) December 5, 1874 8. AGE: Vears Months Days It less than one day 72 O 25 hrs. min. 9. Birthplace Taylortown, Va. (Town, county, and state) 10. Usual occupation. Housewife 11. Industry or business 12. Name. James W. Spring 13. Birthplace Taylorstown, Va. 14. Maiden name. Mary E. Davis 15. Birthplace Taylorstown, Va. 16. Informant Mrs. Russel Harman Address Hagerstown, Maryland 17. Burial 18. Burial 19. Date the conditions of operations (include pregnancy within a months of feath) Major findings of operations Autopsy results. Physician: If death was due to external captes, fill in the following: Accident, solicide, or homicide. Date of County (State) Location Taylorstown, Virginia 18. Funeral director. C. M. Sutter & Sons Maans of injury Injured at party Injured at party Injured at party	Female White Married	A. 1 180 W/ 7:20
12. Name. James W. Spring 13. Birthplace Taylorstown, Va. 14. Maiden name. Mary E. Davis 15. Birthplace Taylorstown, Va. 16. Informant. Mrs. Russel Harman Address Hagerstown, Maryland 17. Burial 18. Burial 19. Date thoreof. (month) (day) (year) Cemetery or crematory, M. E. Church Cemetery Location. Taylorstown, Virginia 18. Funeral director. C. M. Suter & Sons Dither conditions. (Include pregnancy within 3 months of feath) Major findings of operations. Major findings of operations. Major findings of operations. PHYSICIAN: Please underline the cause to which feath should be charged statistically accident, suicide, or homicide. Date of op. Accident, suicide, or homicide. Date of (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Maans of injury Injured at work?	5. (c) If alive, give age 76 years 7. Birth dato of deceased (mo., day, yr.) December 5, 1874 8. AGE: Years Months Days It less than one day 72 0 25	March 25, 19 H2, 10 Dec. 30, 19 H and that I last saw h & alive on December 30, 19 H Immedia; o fine of death DURATION
14. Maiden name Mary E. Davis 15. Birthplace Taylorstown, Va. 16. Informant Mrs. Russel Harman Address Hagerstown, Maryland 17. Burial (Burial, cremation, or removal, Which?) Cemetery or crematory. Ma.E. Church Cemetery Location Taylorstown, Virginia 18. Funeral director. C.M. Suter & Sons (Include pregnancy within smooths of eath) Major fiadings of operations. Major fiadings of operations. Major fiadings of operations. Major fiadings of operations. Autopsy results. PHYSICIAN: Please underline the cause to which cath should be charged statistically accident, suicide, or homicide. Where did injury occur? (City or town) (County) (County) (State) Major fiadings of operations. PHYSICIAN: Please underline the cause to which cath should be charged statistically accident, suicide, or homicide. Underly occur? (City or town) (County) (County) (State) Maans of injury Injured at worth	11. Industry or business 12. Name James W. Spring	
Address Hagerstown, Maryland 17 Burial (Burial, cremation, or removal, Which?) Cemetery or crematory, M. E. Church Cemetery Location Taylorstown, Virginia 18 Funeral director, C.M. Suter & Sons PHYSICIAN: Please underline the cause to which should be charged statistically 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (County) (State) Maans of injury Injured at works		do cacha timal
Core (117 Gless Holgresons) 23. SIGNATURE. M. D. or other	Address Hagerstown, Maryland 17 Burial (Burial, cremation, or removal, Which?) Cemetery or crematory, M.a.E. Church Cemetery Location Taylorstown, Virginia 18 Funeral director, C.M. Suter & Sons Address Hagerstown, Maryland	PHYSICIAN: Please underline the cause to which scath should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide

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MARYLAND STATE DEPARTMENT OF HEALTH



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201	1		7000
-		Dag Dist No	3020

Dr. Poole

2411 N. Charles St., Baltimore (3-a) CERTIFICATE OF DEATH

					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
Countya.shington						State Maryland county Washington		
(If outside city or town limits, write RURAL and give nearest town)			URAL and give nearest town)	Her are town				
How long in above place of death? One week			₹ 🖟	City or town				
Hospital, Institution, or street address where death occurred: Washington County Home					Street No. Hotel Char	Les e LOCATION)		
How long in hospital or institution?					2.(a) If veleran, name war NONE			
3. (a) FULL				***************************************	Living manie was	3. (b) Social Security N		
		1000h					dantet	
4. Sex	llian	Color or race		cGinnis e, married, widowed, or divorced	MEDICAL C	ERTIFICATION		
	- "						2.50 D	
male		white		idower	20. DATE OF DEATH Dec. 24.			
6.(b) Name of	husband or w	Me Ters	esa		21. I CERTIFY that death occurred on the date ab		ed from	
	**************		6.(6	e) If alive, give ageyear	Decl	- A C	1919191010101010	
T. Birth date of deceased (m		Oct.2	. 187	3	and that I last saw h		19.41-6-	
8. AGE:	Yeara	Months	Days	If less than one day	Immediate cause of death	***************************************	DURATION	
73		2	22	hrsm)n	Carloyal 1/dem	mhaai	3 24-	
		stown.	Wash.	Ctv. Md.	Due to Hemischlage	a lyt-	3	
9. Birthplace.		stown,			Ostris sele	مند -	2700.	
1D. Usual occi	pation	aborer	*************		Due to Atapentense	•	I has	
11. Industry or	businssa.							
12. Name.	Geo	orge H.	McGi	nnis	Dther conditions			
		ederick	, I.d.		(Include pregnancy within 3	months of death)		
H 14. Malde	n name	Jancy Ca	age					
14. Malde 15. Birthp	lare	Martins			Major findings of operations.			
			0	Weaver	Autopsy results			
16. Informant.					PHYSICIAN: Please underline the cause to w	which death shoold he charged st	tatistically.	
Address		rerstown			22. VIOLENCE: If death was due to external ca	waes, fill in the following:		
1I	uria.	removal. Which?)	Date then	(month) (day) (year)	Accident, suicide, or homicide	Date of		
				enetery		(County)	(State)	
Location Hagerstown, L.d.								
					Marca of Johnson	injured at work?		
18. Funeral di		-		na.n	(0)	L70	200	
Address		la gerati	own,	Md.	23. SIGNATURE COMES	- Fort	ema	
, Dec	, 27.	19 46	-6	Esst Klowers.	11- + >	M. D. or	1	
(Date rec	'd by registr	ar)	,	Registra	Address Yagenston	Date signed.	WI MICHEL	

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DEC 30 1946

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A15 ASA PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (246)

CERTIFICATE OF DEATH

				,	M	
1. PLACE OF D	EATH: ashingto	n		2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:	
	Hancock	F T	***************************************	State Maryland county Washington		
City or town	nancock	limits, write R	URAL and give nearest town)			
	ce of death?			City or town Hagerstown	s, write RURAL and give nearest town)	
Hospital, institution,	or street address when	death occurred	•	Street No. 15 N. Clevela	nd Ave.	
Two Weaks				(If rural, give		
How long in hospital	or Institution?	************		2.(a) It veteran, name war	•••••	
3. (a) FULL NAT					3. (b) Social Security Number	
		Dallas	Harvey Mill	er	NONE	
4. Ser	5. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
Male	White	A	larried	20, DATE OF DEATH Dec. 6	19 46 ,1 lo; 00A	
6 (h) Name of husbar	Stel	la Lit	tle Miller	21. I CERTIFY that death occurred on the date abo	ove stated; that I attended deceased from	
			c) It alive, give age70years	19.	4	
7. Birth date of	m			and that I last saw h	Oec 5 76 19	
deceased (mo., day		e 5 18		Immediate cause of death	DURATION	
o. Ada.	ars Months	Days	It less than one day	LA SUNIC.	Myocary	
7	72 6	Ol.	hrsmla.			
a Buthalage WE	shington	Count	, γ	Due to Curroh is &	<u>/ </u>	
3. Bittingtace				arrhosi	we	
10. Usual occupation	Meat	Cutter	•	Due to.		
11. Industry or busin	ess					
		. Mill	er	Riber conditions		
Y 12 Birthplace	Martin L Washingt	on Col	intv	other constraints		
ec	Tauma	D Fwi	draan	(Include pregnancy within 3	months of death)	
王 14. Malden nam	Laura Washingt	D.A.H.L.	kson	Major findings of operations		
15. Birthplace	Washingt	on Cou	unty		Dale of op.	
18 Informant Mr	rs. Stell	a L.Mi	ller	Autopsy results		
			ve -Hagerstown	PHYSICIAN: Please underline the cause to w	hich death should be charged statistically.	
				22. VIOLENCE: It dealh was due to external ca	uses, till in the tollowing;	
17. Buria	on, or removal, Which	Date ther	of Dec. 9 1946 (month) (day) (year)	Accident, suicide, or homicide	Date of	
Cemetery or crem	alory StPete	rs Cat	holic	Where did injury occur?(City or town)	(County) (State)	
Location	Hancock, l	Id.		Injured al home, tarm, Industry, public place (w		
			nd	Meens of Injury	Injured at work?	
1	Jancock,		100	Smiska	upper on D	
12/7	1/46.	ZM.	Teller	23. SIGNATURE	M. D. or other / 5/1/	
(Date pec'd by	registrar)		Registral	Address Xuncoci	Date eignod 12/1/4	

DEC 11 1946

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(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-0

12464

CERTIFICATE OF DEATH

Reg. Diat. No. 13 6 20

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbore infants give residence of mother)		
County Washington	State Maryland County Washington		
City or town (If outside city or town limits, write RURAL and give nearest town)	City or town		
How long in above place of death? 29 years Hospital, Institution, or street address where death occurred:			
Hillcrest Conv. Home	Street No. 858 Mulberry Avenue		
How long In hospital or institution? 6 months	2.(a) If veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Helena Olivette Miller	None		
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female White Widow	20. DATE OF DEATH DOC. 121 1946 21 5:15 GM		
B.(b) Name of husband or wife Raymond R. Miller	21 I CERTIEV that death occurred on the date above stated: that hattended deceased from		
	DOG. 10, 1946 10 HOG. 121 1949		
7. Birth date of Palance So 7007	and that I last saw h. 97 allve on Doc. 111 1946		
deceased (mo., day, yr.) February 22, 1883 8 A.F. Years Months Days If less than one day	Immediate cause of death DURATION /2-10-66		
8. AGE: Years Months Days It less than one day	12-10-4		
	11 11 to to Torenta		
9. Birthplace New Oxford. Pa. (Town, county, and state)	Due to The first the 10 420 +		
10. Usual occupation Housework	Busto		
11 ladustry or business	Due 10.		
	Dither conditions		
12. Name William Weaver 13. Birthplace New Oxford, Pa.			
14. Malden name Marthe Mayhew 15. Birthplace New Oxford, Pa. 18. Informant Mrs. Victor Reel	(Include pregnancy within 3 months of death)		
Now Oxford Pa	Major findings of operations. Many		
Mrs. Victor Reel	Date of op.		
	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Address Hagerstown, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following;		
17 Burial Date thereof 12-14-46 (month) (doy) (year)	Accident, suicide, or homicide		
Cometery or crematory Rose Hill Cemetery	Where did injury occur? (County) (County) (State)		
Location Hagerstown, Maryland	injured at home, farm, industry, public place (where?)		
	Maens of Injury Injured at work?		
18. Funeral director C. M. Suter & Sons			
Address Hagerstown, Maryland	- 22. SIDNATUR W. Novaroge ogg		
19. Dec. 13, 1946 Clast Bow	M. D. or other		

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DEC 17 1946

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MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore (6) CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) County Washington County Washington (If outside city or town limits, write RURAL and give nearest town) Hagers town R # 1 (If outside city or town limits, write RURAL and give nearest town) 9 Months Hospilal, Institution, or street address where death occurred: Brooklawn Farm Brooklawn (If rural, give LOCATION) None How Idng in hospital or institution?.. 3. (b) Social Security Number None MRS. NETTIE GRAVES MILLS 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION Widow ecuber 12 1946 19:45P. White 21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from Fred. Y. Sr. 19.46 10 December 12,19.46 July If less than one day Months Dayshrs. a But Charlottesville Albenarle Co. Va. (Town, county, and state) Housewife Own Home James W Eddins Standardsville Va. (Include pregnancy within 3 months of death) Standardsville Va. 16. Informani Herman L. PHYSICIAN: Please underline the couse to which death should be charged statistically. Hagerstown 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof 12/1 17 Burisl (Burisl, cremation, or removal, Which?) Accident, suicide, or homicide..... (month) (day) (year) Cemelery or crematory Mausoleum Rose Hill Where did injury occur?(City or town) Cemeter (County) Hagerstown ld. Injured at home, farm, Industry, public place (where?)

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correct age

ion carefully.

information of death cle

tem of causes

please

important.

especially

1. PLACE OF DEATH:

3. (a) FULL NAME

Female

deceased (mo., day, yr.)

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10 liqual occupation....

11. Industry or business

Address

7. Birth date of

8. AGE:

6.(b) Name of husband or wife

PLAINLY is especial WRITE PLEASE

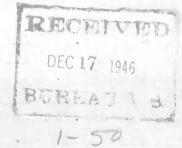
Andrew K. Coffman 18. Funeral director..... Hagerstown Md. Address (Date rec'd by registrar)

Meons of Injury

smader. Hagerstown Date stened 12-12

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Injured at work?



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baftimore 92

CERTIFICATE OF DEATH

	200	-	50	
Reg.	Dist	No	30	2

12466

1. PLACE OF DEATH			••••••	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
			UKAL and give nearest town)	state Maryland County Washing ton		
				City or town Hagerstown Md. RFD #3.		
How tong in above place of d Hospital, Institution, or stre	eath?	ISdeath occurred			nesrest town)	
		1	*	Streef No. RFD #3		
			***************************************	2.(a) If veteran, name war. None	**************************************	
3. (a) FULL NAME				3. (b) Social Secur None	ity Number	
Mrs. An	na Rebe	6685	Moats	None		
4. Sex 5.	Color or race	b.(a)Single	Moats o, married, widowed, or divorced	MEDICAL CERTIFICATION	THEFT	
Female	White	Wid	lowed	20. DATE OF DEATH Sec 26: 46 18	12 non	
6.(b) Name of husband or w	lto Geor	ge Mo	ats	21 I CERTIFY that death accurred on the date shave stated. Wat I atlended d	eceased from	
decea	sed) If alive, givo ageyears		-46 19.	
7. Birth date of deceased (mo., day, yr.)	Dec. 8			and that I last saw h death on Dec 26-94	19	
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death	DURATION	
89		18			*******	
	1		hrs min,			
9. Birthplace Mary	land	annty and	tate)	Due la Starting	Phila	
и						
	Home	_æ		Due to Servey asked relieve		
I I. Industry of pusiness						
		orer		Other conditions		
13. Birthplace Md						
H 14. Malden name. S	usan Pa	almer		(include pregnancy within 3 months of death)		
14. Malden name	Md.			Major fludings of operations		
	D 111	~		Date of op	*****************************	
			fus	Autopsy results		
Address Hag	erstown	1 RFD	#3 Md		red statistically.	
" Ruriel		Note these	Dec. 29 1946 (month) (day) (year)	22. VIOLENCE: tf death was due to external causes, filt in the following;		
17 Burial (Burial, cremation, or	removal, Which?)	Sale mere	(month) (day) (year)	Accident, suicide, or homicide		
Comefery or crematory Manor Cemetery			ry	Where did injury occur?	(State)	
Location Near Tilghmanton Md				Injured at home, farm, Industry, public place (where?)		
19. Funeral directorE	lith V.	Leaf		Means of Injury Injured af work?		
Address #7 Chi	urch St	. Wil	liamsport, Md.	D. DWSett 9		
10 Dec, 2)	1 19 46	6%	exitiowers	23. SIGNATURE Communication of the second communication of	D. ex-other	
(Date rec'd hy regiatr			Registrar	Address Dato sign	ed 726/4/	



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92.4

CERTIFICATE OF DEATH

12463020 Reg. Diat, No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother)					
	ington	- Literaposis	***************************************	Monard and Washington					
City or town Hage	rstown	mita muita D	YID AT	Slate	C	ounly		2.0.011	
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 26 Years				City or town	age is town outside city or town lim		DYIDAY and also		
How long in above place of de Hospital, institution, or sired	eathret address where	Street No. 629	George	St.	NOVAL and give	nearest town/			
Washin	gton Co	ounty	Hospital	Street No	(If rural, gl		(10N)		*******
How long in hospital or inst		3 Week		2.(a) It veteran, name	war				
3. (a) FULL NAME		Annie	F. Mohene			3. (None	rity Number	
4. Sex 5.	Color or race	6.(a)Single	. married, widowed, or divorced	11	MEDICAL (ERTI	FICATION		
Female	White		Married	20. DATE OF DEATH	December			7:00	Pan
6.(b) Name of husband or w	Alpl	2		21. I CERTIFY that dea	Ih occurred on the date a	bove stated	: that I attended	deceased from	
) It alive, give ageyears		1)	to	19.	
7. Birth date of	March				allve on			19	
deceased (mo., day, yr.)				Immediate cause of d	leath			DURA	TION
8. AGE: Years 69	Months 9	Days 3	It less than one day	Chr. r	nyocardia	Lva	lvular	heart	
03	3	0	hrsmin.	d.i	sease			.6yr	q
9. Birthplace Harr	isonbu	rg. Vi	rginia.	Due to					
y. pirinpiace	(Town,	county, and s	tate)	Kidr	ney stone			5 yr	S
10. Usual occupation	Home I	Juties	}						
tt. Industry or business				femore	l artery	thro	ombosis	26	3
	as Haus	se							
E 12. Maine					& gangre		_		
	irginia			(Incl	& thigh	months	of death)		
Part 14. MAINEH HUHTE	Dargas		er						
15. Birthplace	irginia	a:			rations				************
	s. Clar	20000	Volume						***********
10. Intomant				Autopsy results	no underline the cause to	which does	th should be char	red statistically	
Address 606 G	eorge S	St. Ha	gerstown, Md.					See outsidency.	
Burial		Dolo Iboro	. Dec. 13. 19	22. VIOLENCE: If de	eath was due to external c				
Burial (Burial, cremation, or a	removal, Which?)	Date there	Dec. 13, 19		romicideR.O				
Cemelery or crematory	Rose	Hill	Cemetery	Where did injury occu	(Clty or town)	(County)	(State)	*************
	gerstov		Industry, public place						
40 Family Market	Fred W.	Means of Injury			injured at work?				
18. Funeral director		rylan	d.	1	(200)	1/13	9000m	In S	
19. Dec./	346	6%	est Bowers	23. SIGNATURE	resotany,	m	M. Date sig	D. d	146



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PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 160-01

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12468

CERTIFICAT	E OF DEATH Reg. Dist. No. 202
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infanta give residence of mother) Slate. Maryland Couoly Washington City or town Rural Hage stown, (If outside city or town limits, write RURAL and give nearest town) Street No. Hagerstown, Route # 5 (If rural, give LOCATION) 2.(a) If veleran, name war. 3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	2D, DATE DF DEATH Dec. 27, 1946 19 11:00 A. M
5, (b) Name of husband or wife	21. I CERTY that death occurred on the date above stated: that I alrended deceased from 2. 7. 18. 4. 10. 2. 2. 7. 19. 4. and that I last saw h seed, alive on
8. AGE: Years Months Days If less than one day	
9. Birthplace. Hagerst. wn WashingtonCo. Md. (Town, county, and state) 10. Usual occupation. 11. Industry or business	Due to.
12. Name Lester Mongan 13. Birthpiace Hagerstown, Md.	Differ conditions
3 13. Birthplace Hagerstown, Md.	(Include pregnancy, within 3 months of death)
14. Malden name Anna Hertman	Major findings of aperations.
14. Maiden name Anna Hertman 15. Birthplace Waynesborb Pa.	Date of y
16, Informant	Antopsy results
Address Hagerstown, Route # 5	22. VIOLENCE: it death was due to external causes, till in the following:
Burial Burial Date thereof Dec. 28, 194 (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemetery or crematory Rose Hill Cemetery	Where did injury occur?
Location Hagerstown, Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director. Fred W. Kraiss	Means of injury Injured at work?
Address Hagerstown, Md.	23. SIGNATURE LA DELL
19. Ace. 28. 19.46 Chasfflowers, (Date rec'd by registrar) Registrar	Address Hagerstown M. D. Bate signed 12/28/46

DEC 31 1946
BUREAU VS

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The coris especially important. Physicians: please write the causes of death clearly and legibly. PLEASE VS A15

MARYLAND STATE DEPARTMENT OF HEALTH





12463 126 Reg. Diat. No. 3020

City er town(II How leng in abere pla Hespital, institution,	foutside city or town to death? 40 er etreet address where Antietam or institution?	Street	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State		
4. Sex	5. Color er race	ohn Calvin Mowen 8.(a)Single, merried, widowed, er divorced	MEDICAL C	ERTIFICATION	
Male	White	Married	20. DATE DF DEATH Dec. 18,	1946 6;30 P. M.	
6,(b) Name of husbar 7. Birth date of decessed (mo., day	Tune	e Mae Mowen 5.(c) If silve, give sge	21. I CERTIFY that death occurred on the date at	bove elated: that I selected decessed from 446, 10 6 446 18, 19 44	
8. AGE: Yes	3 Months	Days If less then one day 24hrsmle	lmmediate cause of death	f liver, 2	
10. Veual occupation	Optome	County, Pa. eounty, and atata) trist Mowen nia	Due to		
14. Malden nam	Anna - Pennsy Mrs. Add		PHYSICIAN: Pleaso underlina the cause to	Date of op.	
Cemetery or crems		Hill Cemetery rstown, Md.	Where did injury eccur?(City or town)	Date of	
Address	Hagers	town, Md.	23. SIGNATURE Hageiston	M. D other M. D other J. M. Date signed 12/19/44	



CERTIFICATE OF DEATH

ST T	1				
	-			5	n x
1			D1 .	No. 30	5/1
		Reg.	Diat.	No	f

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Washington	, ,
City or lown	State Manyland County Washington
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. Main St.
maii St.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) II veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Florence Eliza Mul	lleudore none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Demole White Widowed	20. DATE OF DEATH. Security 10 19 46 21 100 d.
6.(b) Name of husband or wife Plinery Scott Mullendare	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	Dec 2 19 46 10 Dec 10" 19 46
7. Birth date of	and that I last saw h. Act. allve on
8. AGE: Years Months Days It less than one day	Immediais caose of death
5. AG2.	Rescard Hewartage & Day S
9. Birthplace Burk tttulle Fred. Ca. Md. (Town, county, and state)	Oue la
There alkanha.	
	Oue 10
11. Industry or business Our Homes	
12. Name Harry Harries	Other conditions
	(Include pregnancy within 8 months of death)
= 14. Maiden name. Mary Halitmen.	Major findings of operations
14. Maiden name Mary Hightman. 15. Birthplace Burkettanlle Jud. Co. md-	major madiegs of operations
Mr. Dr. 11. Slila	Actorsy resolts.
0.1	PHYSICIAN: Please ooderline the caose to which death should be charged statistically.
Address Rohlisirlle Md.	22. VIOLENCE: 11 death was due to external causes, 1111 in the following:
(Burial, cremation, or removal. Which?) Oate thereof Dec. 13. 1944 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or grematory Robusille Cemetary	Whers did Injury occur?
Location Releasable md.	Injured at home, farm, Industry, public place (where?)
-PITM S Bat a Since	Msans of Injury Injured at work?
Address Barras Inc. Md.	6/1/2/2/
AUDITESS COM 1-1	23. SIGNATURE M. D. op other
19. Make rec'd by registrar) 19 4 km Makeuwi Daylenkow Registrar	Address / Tousland Bad Date signed /2/11/40

MARGIN RESERVED FOR BINDING

Dr. Wade

PEEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The VS



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2411 N.	Charles St	., Batti	more	
CERTIFI	CATE	OF	DEA'	TH

, ,			703
	Reg.	Diat.	No.

1. PLACE OF DEATH: County Washing ton	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Laryland County Washington
(If outside city or town limits, write RURAL and give nearest town)	City or town Hazerstown (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 10nths Hospital, Institution, or street address where death occurred:	(If outside city or town limits, write RURAL and give nearest town)
Laynan Nursing Hone	Street No. 137 Broadway (If rural, give LOCATION)
How long in hospital or instilution? 2. Months	2.(a) It veleran, name war None
3. (a) FULL NAME	3. (b) Social Security Number
W. FRANK LUNN	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Wite Widowed	20. DATE OF DEATH December 30 19.46 A. M
8.(6) Name of hysband or wife I.da B. Lunn	21. I CERTIFY that death occurred on the date above etated; that I attended daceaeed from 0000.
7. Birth date of December 2 1868	and that t last sew h / 4 alive on flee. 29 - 18 16
deceased (mo., (ey, yr.)	Immedities cause of death DURATION
8. AGE: Yeare Months Daye It less than one day 78 0 28	Mitastatico Cocuma Protate 5 yrs.
9. Birthplace Mt. Sayage Allerany Co. Ind. (Town, county, and state)	Due to
10. Usual occupation Furniture Manufacture	Due to
11. Industry or bueinase Tre CII = d 12. Name Sanuel A. Lunn 13. Birthplace	Other conditions Deer Bery anoma 6 240.
₹ 13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name Lillia B. Horeston	(Include pregnancy within 3 months of death) Major findings of operations.
🗣 15. Birthplace	Date of op.
16. Informant Mrs. Donald lumma	Antopsy results
Address Hagerstown and	PHYStCIAN: Please underline the cause to which death should be charged statistically.
17. Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	22. VtOLENCE: It death was due to external caucea, till in the following: Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Hagerstown Id	Injured at home, farm, industry, public place (where?)
18. Funeral director Anarew K. Coffman	Meane of injury tnjured at work?
Address Hagerstown ld.	23. SIGNATURE Muky Mosleum lud
19. See 35 19.46 Grand Tool (Date rec'd by registrar)	Address 590. Westington 87 Date signed 170/46

FEB 4 1947
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2-3030- 2-10

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

12471

CERTIFICATE OF DEATH

Reg. Diet. No. 302 Q

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State	
3.(a) FULL NAME MRS. ANNA WOLFE NEWCOMB	3. (b) Social Security Number	
4. Sex 5. Color or raco 6.(a) Single, married, widowed, or divorced Fenale Widow	MEDICAL CERTIFICATION 20. DATE OF DEATH. December 8 1946 19 21 10 A	
8.(6) Namo of husband or wife. Edward 6.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from 12. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19	
8. AGE: Years Months Days If loss than one day 70 9 18 hrs. min. 9. Birthplace Tilghmanton Wash Co. Md. (Town, county, and state) 10. Usual occupation Housewife	Due to. Schemen 3/d/ay	
11. Industry or business Own Home 12. Name Thomas wolfe 13. Birthplace Tilghmanton Md.	Dither conditions of operations. Displacement of the program of t	
14. Maiden name. Sarah Ann Carty 15. Birthplace Tilghmanton Md. 16. Informant. Mrs. Nora McCauley Address Hagerstown Md. 17. Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) Date thereof 12/11/46 (month) (day) (year)	Antopsy results	
Comotory or crematory Rest Haven Cenetery Location Hagerstown Md. 18. Funeral director Andrew K. Coffman	Mera did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Maans of Injury Injured at work?	
Address Hagers town Md. 19. Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar) Registrar	23. SIGNATURE M. D. or other Address Dato signed	



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH

* 12472

Rev.	Diat.	No.	30	2	20	

CERTIFICA	Reg. Diat. No.
1. PLACE OF DEATH: Washington	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside Sity or town limits, write RURAL and give nearest town)	State County Landline City or town Sursessling Pa.
How long in above place of death?	(If outside city or town limits, write RORAL and give nearest town)
How long in hospital or institution? A Lemal 4 To Dreeluler 29	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Finale White Married	20. DATE OF DEATH 12/29 1944 01 4:050
6.(b) Name of husband or wife. Arillians D. Ott	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Sirth date of deceased (mo., day, yr.) Sully 2 /870	end that I last saw h
8. AGE: Years Moths Days If less than one day 27min	Immediate cause of death DURATION
9. Birthplace Transfer Co. Pa. (Town, county, and state)	Due to crown explicition Jaro
10. Usuat occupation. House wark	Due to.
11. Industry or business	
E 13. Birthplote Franklin Co Pa.	Other conditions
14. Maiden name Reberga Leightes 15. Birthplace Franklin Co Pa.	(Include pregnancy within 3 months of death) Major findings ol eperations.
15. Birthplace Knaufeline Co Pa.	
Address Greensburg Pa,	Autopsy results
" Busial P. W. J. M. 1947	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) Cemetery or crematory.	Where did injury occur?
Location Menodrolega Oo	lajured at home, farm, industry, public place (where?)
18. Funeral director. The Tribuscus	Means of injury Injured at work?
Address Mureus brug, la.	23. SIGNATURE I Non Willielen
19. Age. 30 19 46 ChieffBowers (Date rec'd by registrar) Registrar	Address Hages Fuer 14 Bate signed 129 (84

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VS A15

The

MARYLAND STATE DEPARTMENT OF HEALTH.

_2411 N. Charles St., Baltimore (22-a)

CERTIFICATE OF DEATH

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a Dist	No	8	0	

- ig	CLRTITCAT	Reg. Dist. No.
should carefully be supplied trly and legibly.	1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL NEAR and give town) Standard Stay in hospital or inst. (yrs., or mos., or days) Stay in this community (yrs., or mos., or days) Stay in this community (yrs., or mos., or days)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newtown infants give residence of mother) Stale County City or lown (1f outside city or town limits, write RURAL NEAR and give town) Streel No. (If rural give LOCATION) 2(a) IF VETERAN, NAME WAR
m of information causes of death clea	3. (a) FULL NAME Sex 5. Color or race 6.(a) Single. married, wildowed, or divorced Market 6 (b) Name of husband or wife Jella Cercus Pleasings	3. (b) Social Security Number MEDICAL CERTIFICATION 20. DATE OF DEATH 1946, at 1 of the least
UNFADING INK. Every item Physicians: please write the cau	7. 8 irth date of deceased (mo., day, yr.) 8. AGE: Years Months Joays if less than one day 7. 7. 3. 2. hrs. min. 9. 8 irthplace Community, and state) 10. Usual occupation Community, and state 11. Industry or business 12. Name Alexandra Pharthurges 13. 8 irthplace Please Community, and state	Immediate cause of death Julistical Obstruction Due to Steward harmal herrors Other conditions
PLEASE WRITE PLAINLY, WITH U correct age is especially important.	14. Maiden name— Oliver Decision 15. Birthplace 16. Informant— Roya Pleasure Barrell Grant Gran	Major findings: Of operations Of autopsy 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide Where did injury occur? (City or town) Injured at home, farm, Industry, public place (where?) Means of Injury 123. SIGNATURE M. D. or other, Address Address Date signed M. D. or other, Address Date signed Address Date signed M. D. or other,

DEC 14 1946 (BUREAT V 8) A. . . Samuel Loque Blessinger Mr. Plessinger was borry aug. 19th, 1869 and is to be buried on Dec. 15th, 1946 in Jeousalem Church Cemetery at amaranth, Pa. Charff, Bowers! Loc. Reg!

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEAT

12474

F	DEATH	Reg. Diat. No. 30 20

1. PLACE OF DEATH: County				Cily or iown Rural Hagerstown (If outside city or town limits, write RURAL and give nearest town) Hagerstown, Route # 1 (If rural, give LOCATION) 2.(a) It veteran, name war		
3. (d) POLL NAM	James	J. C	lark Plum		3. (b) Social Security I None	Number
4. Sex Male	5. Color or race White	6.(a)Singi	e. married, widowed, or divorced Married	MEDICAL CE	ertification 946 19 1:5	Q A . M
6.(b) Name of husband 7. Birth date of deceased (mo., day,	MT 0		c) If alive, give ageyears	21. I CERTIFY that death occurred on the date abo	Sec 13-4	
8. AGE: Years 63	Months	Days	If less than one dayhrsmin.	Immediate classe of death	-/	4 Oles
9. Birthplace	Labore	r	state)	Due to.	ng fifutos	
12. Name		nown nown		Dther conditions		
14. Malden name.		nown nown		(Include pregnancy within 8 r		
18. Informant Wash. Co. Hospital records				Actopsy results	doce-	
Burial Date thereof Dec. 14, 914 (Burial, cremetion, or removel, Which?) Cemetery or crematory Bellevue Cemetery Localion Hagerstown, Md.				Where did injury occur?(City or town)	Date of	(State)
18. Funeral director		Kria	5 S	Injured at home, farm, Industry, public place (will Means of Injury	Caller	
19. Dec.	14. 1846 gistrar)	6%	last Bower Rogistrar	Address. HT uch	M. D. o	14.11.

DEC 17 1946
BURBAU V 3

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (742)

CERTIFICATE OF DEATH

City or town	City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Lechert V Quail	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m w widowed	20, DATE DE DEATH 3 / Nec 19 46 21/205 A M
8.(b) Name of hashed or wite Munice a dual 7. Birth date of	21. I CERTIFY that dealh occurred on the date above stated; that I altended deceased from 2. S. Alex
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 7 2 6 9	Immediate cause of death Occlusion 2 days
9. Birlhplace Jown, county, and state) 10. Usual occupation Journal o	Due to
11. Industry or business 12. Name Juliu II	Other conditions
14. Malden name UperKerown 15. Birthplace Unickerown 16. Intormant Miss Mellie Gorsicah Address 70 Floring St. Hagerstown Re	Major findings of operations
17. But 2 - 4 C (Burial, cremation, or removal. Which?) Cemetery or crematory. Duick Rilege Cemetery or crematory.	2). VIOLENCE: If death was due to external causes, fill in the tollowing: Accident, suicide, or homicide
Location Bulto Co. Mid 18. Funeral director Edes Tipton Address Hampsterd Mid	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
19. Dec 3/, 1946 Bross Noase Registrar	23. SIGNATURE M. D. or other Address 2300 Potime Date signed 5/14/6

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS-A15



		But	28	Death	159
MARYLAND	STATE	DEPARTMENT	OF	HEALTH	

CERTIFICATE OF CITED OF

Reg. Dist. No. 30

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

1.	PLACE OF BIRTH:	2.	USUAL RESIDENCE OF MOTHER:
	County Working Can		State Muy land
	City or town		County Washing Con
	(If outside city or town Maits, write RURAL and give nearest town)		City or town tassistem
	Street address, hospital, or institution:		(If outside city or town limits, write RURAL and give nearest town)
	Cooling an Courte Harts.	1	Street No. Poute T
	Length of mother's stay in County 3 & YM (How many years, or months, or days. S'ECIFY WHICH)		(If RURAL give LOCATION)
3.	Name of child boly Ridenous	4.	Date of birth Dec. 23 1946 Hour 16:30 A.M.
5.	Sex Mule 6. Twin or triplet	7.	No. of weeks pregnancy. 22 weeks
	RATHER OF CHILD		MOTHER OF CHILD
	Full name deroy diclemour		Full maiden Melali Euros I woodowy
	Color 10. Age at time of this birth. 4 yrs.	13.	Color 14. Age at time of this birth 36 yrs.
11.	Usual occupation Facurer	15.	Usual occupation
16.	Other children born to mother (not including present child)	: (a)	How many children of this mother are now living?
	(b) How many other children were born alive but are now des	ad ?	(c) How many other children were born dead?
17.	Did child die before labor ? During labor ? 20	21.	Cause of stillbirth. Please be specific. For terms like
18.	Pregnancy, complications of persension		prematurity, asphyxia, etc., try to add cause thereof.
	allemmen -		(a) Fetal causes lamolerals
19.	Labor: (a) Complications of holds		(b) Maternal causes Angelew (vo cardeo -
20	(b) Induced?	.00	Vascular setul dis sare
20.	(a) Was there an operation for delivery?	22.	I certify to the birth of this child who was born dead* on the date and hour above stated.
	(b) State all operations, if any plesoformy	1 0	West Baht It WA
	(c) Did child die before operation?		Signature (Mellin Popular) (19)
	During operation?		Address 214 4 Potomice faceston he
22	(a) Brisal (b) Date thereof 12/24/41	di or	(a) Doe 24.1946 (b) Chart Bowers
40.	(Burial, cremation or removal) (month) (day) (year)	25.	(Date rec'd by registrar) (Registrar)
0.4	(c) Cemetery or crematory tullers our Falin.	26.	(To be filled out if no physician was present at delivery.)
24.	(a) Funeral director 7.15, 1997 and (b) Address Thace The		The above certificate has been examined by me.
	(D) Address	11	TT - 141 OM

7. S. A10

* See Instruction C on stub.

DEC 27 1946
BUREAT V 8

MARYLAND STATE DEPARTMENT OF HEALTH

Reg.	Dist.	No. 30 2	
408.	Liov.	410	×

CERTIFICATE OF STILLBIRTH

Reg. Dist. No...

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

-			
1.	PLACE OF BIRTH:	2.	USUAL RESIDENCE OF MOTHER:
in.	County OS County City or town Hage of County (If outside city or town limits, write RURAL and give nearest town) Street address, hospital, or institution: Carry Of Mother's stay in County County Chow many years, or months, or days. SHECIFY WHICH)		County City or town Hamity, write RURAL and give nearest town) Street No. 548 Carf (If RURAL give LOCATION)
	Name of child Sex City City Sex Constant Constan	11	Date of birth Ple 1946 Hour 7. 48 L.M. No. of weeks pregnancy
	FATHER OF CHILD	II	MOTHER OF CHILD
8.	Full name Un Known	12.	Full maiden name betty are Littler
9.	Color	13.	Color white 14. Age at time of this birthyrs.
11.	Usual occupation	15.	Usual occupation
16.	Other children born to mother (not including present child) (b) How many other children were born alive but are now de		
	Did child die before labor? During labor?	21.	Cause of atillonth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof. (a) Fetal causes Computer and Cause thereof.
19.	Labor: (a) Complications of		(b) Maternal causes Premotively - (Cause Tury) - Tury
20.	(a) Was there an operation for delivery? (Yes or No) (b) State all operations, if any	22.	I certify to the birth of this child who was born dend on the date and hour above stated. Signature (Specify if M. D., midwife, or other)
	(c) Did child die before operation? During operation?		Address Hageistoin Mul.
23.	(a) Barrial (b) Date thereof /2/5/k (Burial, cremation or removal) (month) (day) (year) (c) Cemetery or crematory	-	(a) Ase 41/945 (b) 6 Kas H Sounds (Registrar)
24.	(a) Funeral director/Pnd.Ren / C. ff. man	26.	(To be filled out if no physician was present at delivery.) The above certificate has been examined by me.
	(b) Address HADERS TOWN Md		Health Officer ner

S. A10

* See Instruction C on stub.

DEC 6 1945

1-30

MARYLAND STATE DEPARTMENT OF HEALTH
CERTIFICATE OF STILLBIRTH

Reg. Dist. No. 302

	A certificate must be filed within 24 hours for every	y still	birth of 20 weeks' gestation or more (see stub)
	County Acting City or town Imits, write RURAL and give nearest town) Street address, hospital, or institution: Length of mother's stay in County. (How many years, or months, or days. SPECIFY WHICH)	2.	State County County City or town Tagles Sacra (If outside city or town timits, write RURAL and give nearest town) Street No. 5 48 Blarge St. (If RURAL five LOCATION)
	Name of child Bahe Bay Ritter Sex Male 6. Twin or triplet Truck		Date of birth Dec. 1 1946 Hour 7:467 M. No. of weeks pregnancy 30
9. 11.	FATHER OF CHILD Full name	13. 15.	Full maiden name Detry Jane R. Her Color white 14. Age at time of this birth. Syrs. Usual occupation.
	(b) How many other children were born alive but are now dea		
18.	Did child die before labor?	21.	Cause of stillbirts. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof. (a) Fetal causes Augustus Cause (b) Maternal causes Augustus Cause
	(a) Was there an operation for delivery? (b) State all operations, if any	22.	I certify to the birth of this child who was born dead* on the date and hour above stated. Signature Allow Andre ()
	(c) Did child die before operation? During operation?		Address Haustum, M
23.	(a) Burial, cremation or removal) (b) Date thereof 12/5/46 (Burial, cremation or removal) (c) Cemetery or crematory Rose Hill Cemetery		(a) Aca 4.1946 (b) Chast Bourses (Registrar)
24.	(a) Funeral director Andrew 1. Coston on (b) Address Hoven to won May	26.	(To be filled out if no physician was present at delivery.) The above certificate has been examined by me.

S. A10

* See Instruction C on stub.

DEC 6 1946
BUREAU V S.

3. (b) Social Security Number

195-16-3721

CERTIFICATE OF DEATH

12479

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MARGIN RESERVED FOR BINDING

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legibly.

information carefully of death clearly and

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Supply lease wri

1. PLACE OF DEATH: Washington

Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Hospital, Institution, or street address where death occurred: Washington County Hospital

2 months How long in hospital or instilution?.....

3. (a) FULL NAME

4. Sex

ALMA GAIL ROCK

6.(a) Single, married, widowed, or divorced 5. Cojor or race F Married

Carl L. Rock 6.(6) Namo of husband or wife.....

5.(c) If alive, givo age 34 years

December 28, 1916 decoased (mo., day, yr.) If less than one day

8. AGE: Yoars 11 27 29

Antrim Twp. Penna.
(Town, county, and state)

Housewife 10. Usual occupation.....

Own Home 11. Industry or business Frank Gilbert 12. Name.....

Franklin Co. Penna. 13. Birthplace

14. Malden na 15. Birthplace Mary Elizabeth Sites 14. Malden name... Franklin Co., Penna.

Carl L. Rock 16. Informant

Greencastle R.R.# Address

Burial
(Burial, cremation, or removal, Which?) Date thereof...Dec. 28, 1946...
(month) (day) (year)

Cedar Hill Cemetery

Penna.

Penna.

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Penna. County Franklin

Rural
(If outside city or town limits, write RURAL and give nearest town)

Greencastle, R.R.#3

MEDICAL CERTIFICATION

20, DATE OF DEATH December 25 19.46 ... 17:30 Am

21. I CERTIFY that death occurred on the date above stated; that I etfonded deceased from

(Include pregnancy within 3 months of death)

PHYSICIAN: Please underline the cause to which death should he charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, eulcide, or homicide.....

Where did injury occur? (City or town) (County)

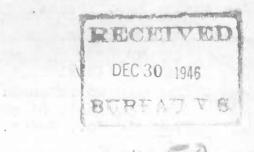
Injured at home, farm, lodustry, public place (whore?)

Major findings of operations.

Means of Injury injured et work?

Date signed

WITH UNF important. especially PLAINLY, is especially WRITE ASE



CERTIFICATE OF DEATH

1248() 95 Reg. Dist. No. 3820

1. PLACE OF DEATH: County Washington City or town Hagerstown, Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 50 years Hospital, Institution, or streel address where death occurred: 301 North Mulberry Street How long in hospital or Institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland Washington Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. 301 North Mulberry Street (If rural, give LOCATION) 2.(a) If veteran, name war.	
3. (a) FULL NAME	3. (b) Social Security Number	
Hattie M. Rowland	None	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Widow	MEDICAL CERTIFICATION 20. DATE OF DEATH DOC 7 1946 8:05 P.	
6.(b) Name of husband or wife A. D. Rowland	20 I CERTIFY that death occurred on the date above stated; that I attended deceased from	
6.(c) If alive, give age	July 26 19 43 10 Dec. 7 19 46	
7. Birth date of deceased (mo., day, yr.) August 16, 1870	and that I last saw he alive on	
8. AGE: Years Months Days 11 less than one day 76 3 21	arcessona of Ceruy > yrs	
9. Birthplace Smithsburg, Wash. Co. Md. (Town, county, and state) Housework 11. Industry or business 12. Name John Lum	Due to	
13. Birthplace Smithsburg, Maryland		
14. Maiden name Rachael Gaul 15. Birthplace Smithsburg, Maryland	(Include pregnancy within 3 months of death) Major findings of operations	
	Aotopsy resolts	
Address Hagerstown, Maryland	PHYSICIAN: Please ooderline the caose to which death should be charged statistically.	
Burial Date thereol 12-10-46 (month) (day) (year)	22. VIOLENCE: 11 death was due to external causes, till in the following; Accident, suicide, or homicide	
Cemetery or crematory Rose Hill Cemetery	Where did injury occur?	
Location Hagerstown, Maryland	Injured a home, farm, Industry, public place (where?)	
18. Funeral director. C. M. Suter & Sons	Masens of Injury Injured at work?	
Address Hagerstown, Maryland	Jedny hoversteen mo	
19. Dec 9, 19 46 Ekast Bowers (Date rec'd by registrar) Registrar	23. SIGNATURE! M. D. or other Add Durboson Ad Oate signed! 2- F- 4-L	

RECEIVED

DEC 11 1946

BURGASES

150

WITH UNFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly

VS A15

PLEASE WRITE PLAINLY, WITH-UNF is especially important.

MARYLAND STATE DEPARTMENT OF HEALTH

12481

Dist. No. 3026

2411 N. Charles St., Baltimore 31-0

CERTIFICATE OF DEATH

	DICTIT TOTAL	E OI DEIIII	Reg. Dist. No	
1. PLACE OF DEATH:		2. USUAL RESIDENCE (HO (For newborn infants give rea	ME) OF DECEASED:	
City or town		City or town HSQS S 10 in (1f outside city or t Street No. 141 King	County	nearest town)
3. (a) FULL NAME		H	3. (b) Social Securit	y Number
Mrs. Annie Rosina Sc	hieldknesh	t	None	
4. Sex 5. Color or race 6.(α)Single, married, with	Jowed, or divorced	MEDIC	CAL CERTIFICATION	
Fenale White Larrie	d.	20. OATE OF DEATH Decen	ber 31 19.46	, at . 9
B.(b) Name of husband or wife. William W. Sch. 6.(c) If alive, giv.	e age	October 27		3/, 19 4 30, 19 4
deceased (mo., day, yr.) November 21, 187	an one day			OURATION
8. AGE: Years Months Days If less th		101 1 2 . 0	ne cardiovas	3
9. Birthplace Funkat own Washing to (Town, county, and state) 10. Usual occupation Housewise	Due to			
		Oue to	***************************************	•••••
11. Industry or business Own Hone 12. Name Charles E. Howard				
F 2 3 1	***************************************	Other conditions		
	h	(Include pregnancy	within 3 months of death)	
14. Maiden name Elizabeth A. Gros 15. Birthplace Funkstown Id.		Major findings of operations	s sperations	
			Date of op.	,
16. Informant liss lary Howard		Autopsy results	cause to which doubt should be charge	ed statistically.
Address Hagerstown La.	(45)	22. VIOLENCE: It death was due to		
17 Burial Date thereof 1/2 (Burial, cremation, or removal. Which?)	/47 onth) (day) (year)		Date of	
Cemetery or crematory Funks town Cemet	Where did injury occur?	or town) (County)	(State)	
Location Funks town Md.			c place (where?)	
		Means of Injury	Injured at myk?	
18. Funeral directorAndrew.KCoffnan			JIK.	1
Address Tagerstown Md.	10 1	23. SIGNATURE.,	Kalorell	/
19. Date ree'd by registrar) 19. 47 Ellasti,	Registrar	Address Haguston	ow m. Date signe	1/2/47



timore	(46P)
--------	-------

Reg	Dist.	No	

CERTIFICA	TE OF DEATH Reg. Diat. No. 3030
1. PLACE OF DEATH: County Washing ton (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: 65 Belleview Ave. How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME MRS CHRISTINE KATIE SCHWARZ	3. (b) Social Security Number None
4. Sex Fenale White Widowed 6.(a) Single, married, widowed, or divorced Widowed 6.(b) Name of hysband or wite	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. Birth date of deceased (mo., dsy, yr.) Larch 15, 1872 8. AGE: Tears Months Days It less than one day 74 8 26	Immediate cause of death OURATION
9. Birthplace. New York City, New York (Town, county, and atate) 10. Usual occupation. Housewife 11. industry or business Own Home 12. Name. Georgeletzger 13. Birthplace. Gernany	Due to. Due to. Other Colditions.
14. Maiden name Sophie Braun 15. Birthplace Gernany 16. Informant Henry Sohwarz Address Hagerstown Md.	(Include pregnancy within 8 months of death) Major findings of operations. Date of op. Antopsy results. PHYStCIAN: Please underline the cause to which death should be charged statistically.
11. Burial Date thereof 12/16/46 (Burial, cremation, or removal. Which?) Cemetery or crematory. Cedar Grove Cenetery Location Flushing, Long Island N. Y. 18. Funeral director. Andrew K. Coffman	22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide
Address Hagerstown Md. 19. Dec. 13. 19. 46 Blast Bowers (Date ree'd by registrar) Registration	23. SIGNATURE COLLEGE

NFADING INK. Supply every item of information carefully. The correct age nt. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLAINLY, is especially WRITE PLEASE A15

especially



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 33-0

CERTIFICATE OF DEATH



12483 Reg. Dist. No. 30 2

1. PLACE OF DEATH: County Washington City or town Fagerstown (if outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: Washington County Hospital Row long in hospital or institution? Sweeks	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infant give residence of mother) State
3.(a) FULL NAME Eleanor Brown Seaman	3. (b) Social Security Number
4. Sex Female White Sarried Narried	MEDICAL CERTIFICATION 20. DATE OF DEATH Dec. 12, 1946 12:20 P. M. M
8.(b) Name of husband or wife Charles Courtney Seaman 6.(c) If re, give age years 7. Sirth date of deceased (mo., day, yr.) Oct. 23, 18.86	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from Sept 4 19. 46, 10. Dec / 2 19. 46 and that I last saw her alive on Dec 2 19. 46 Immediate cause of death Aremia and DURATION
8. AGE: Years Months Days It less than one day 50 / 19	Cardiae failure 2 mos
9. Birthplace Harford County, Md. (Town, county, and state) Home Duties 11. Industry or business 12. Name James Brown 13. Birthplace Harford County, Md.	Due to Hypertensing Cardio. Vascular disease Due to Other conditions
13. Birthplace Harford County, Md. 14. Maiden name Amelia - Hinault 15. Birthplace Ballimore County, Md. 18. Intermant C. Courtney Seaman	(Include pregnancy within 8 months of death) Major findings of operations
16. Intermant C. Courtney Seaman 1406 Oak Hill Ave Hagerstown,	Autopsy results
17. Burial Date thereof Dec. 15-46 (month) (day) (year) Commetery or crematory Rest Haven Cemetery Hagerstown, Md.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director Fred W. Kraiss Hagerstown, Md. 19. Acc. 15. 18 46 Staphtfowers (Date rec'd by registrar) Registrar	23. SIGNATURE Pohen U.L. Campbell MD. Address Hagen stown MC Date signed Dec 14/41



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

12484

None

Reg. Dist. No. 3020

CERTIFICATE OF DEATH

City or town Hagerstown, Maryland (If outside city or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland. Coursely Washington City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. 325 South Locust Street (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number

Washing to hospital of	r institution? Fe	w Minutes	
3. (a) FULL NAM			
	Della	Kendall Shaffer	
4. Sex	5. Cotor or race	6.(a)Single, married, widowed, or divorced	
Female	White		54
7 Right date of			years
		er 5, 1896	
o. man.	Months O	Days It less than oos dayhrs.	mln.
11. Industry or busine		ndall Valley, Maryland	
14. Maiden name	Sarah I Pleasant N	Ford Valley, Maryland	
16. InformantC	urtis Sha	ffer	
Address H	agerstown	, Maryland	
17 Burial	n, or removal. Which?)	Date thereof (month) (day) (year	
Location Sm:	Smithsburg,	Maryland	
10 Eugenal director	C. M. Sut	er & Sons	

Hagerstown, Maryland

MEDICAL CERTIFICATION	
20. DATE OF DEATH DECEMBER 3 1846	112:45F
21. I CERTIFY that death occurred on the date above stated; that I attended dec December 1 19.46 , to December 1 19.46 , to December 3	ceased from 1946
mmediair cause of death Cerebral apoplexy	2 Day
ove to Isologuent Aufslikusen	Za
Due 10	
Other conditions	
(Include pregnancy within 3 months of death)	

PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... Where did injury occur? (County) (City or town)

Injured at home, farm, industry, public place (where?) Injured at work? Means of injury

Major findings of operations.....

especially

WRITE

PLEASE

Address

(Date rec'd by registrar)



WRITE PLEASE A15

NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (Ela)



		CERTIFICAT	TE OF DEATH Reg. Dist. No	3025
L'PLACE OF DEATH: County		Thryland mits, write RURAL and give nearest town) Se leath occurred: 7 Hospital	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Washingto City or town Hagerstown (If outside city or town limits, write RURAL and give ness Street No. 256 South Potomac Street (If rural, give LOCATION) 2.(a) if veteran, name war.	
3. (a) FULL NA		nk Woodrow Shank	3. (b) Social Security 214 -09-005	
Male	5. Color or race White	6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH DECEMBER 15 1946	1:15
6.(b) Name of husband or wife. Mary E. Shank 6.(c) If alive, give age 30 years			21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
o. non.	ears Months	Oays If less than one day	and that I last saw h	DURATION
33 9 20 hrs. min. 8. Birthplace Hagerstown, Wash. Co. Md. (Town, county, and state)			Fractured skull Oue to cerebral hemorrhage	•••••••••••••••••••••••••••••••••••••••
10. Usual occupation Mechanic 11. todustry or business Central Garage 12. Name William S. Shank		Garage Shank	Oue to	
12. Name William S. Shank 13. Birthplace Ringgold, Md. 14. Malden name Nettie Carbaugh 15. Birthplace Mont Alto, Pa.		Carbaugh	(Include pregnancy within 3 months of death) Major findings of operations.	
16. Informant Mrs. Frank W. Shank Address Hagerstown, Maryland 17. Birial Oate thereof 12-18-46 (Burial, cremation, or removal. Which?) (month) (Gay) (year) Cemetery or crematory Rest Haven Cemetery		W. Shank	Autopsy results	statistically.
		Oate thereof 12-18-46	22. VIOLENCE: tf death was due to external causes, fill in the following: Accident, suicide, or homicide Colident Where did injury occur? Accident Wash (City or town) (County)	(State)
Location Hagerstown, Maryland 18. Funeral director C. M. Suter & Sons		Maryland	Injured at home, farm, industry, public place (where?) Sentral C	arage
Address	Hagerstown	n, Maryland		CO., MD.
(Date rec'd by	77 1946.	Registrar	Address Vagantaceng, Mc. Date siggle	2//6/4/



9.45-18M

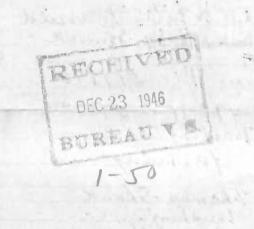
A15 SA

(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 922

2411 N. Cha	arles St., Baltimore 924
CERTIFICA	ATE OF DEATH Reg. Diat. No. 302
in PLACE OF DEATH: county	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) H veteran, name war
3. (a) FULL NAME Harry Thomas Shon	3. (b) Social Security Number
Male White Married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH DCC . 181 19.46 at 9.46
6.(b) Name of husband or wife. It it by Shank 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 49 11 27 hrs. m 9. Dirthplace. Mashington, Co., (Town, county, and state) 10. Usual occupation fallows Shank 11. Industry or business.	21. I CERNIFY that death occurred on the date above stated; that cattended deceased from years and that I tast saw have alive on 19.4 Immediate cause of death DURAT Due to Du
14. Maiden name Mary Haubelle 15. Birthplace Mashington Co	Msjor findings of operations. Date of op.
18. Informant Address Fair Play Ma R. 17. Idural (Burial, cremation, or removal, Which?) 18. Informant Address Fair Play Ma R. 19. Information Address Fa	
Location Alan Clean Spring 18. Funerat director Styden - Rossland Address - Clean Shring - Rossland	Where did injury occur?
19. Nee 20. 19.46 Elast Board (Date rec'd by registrar) (Date rec'd by registrar)	23. SIGNATURE M. D. or other strar Address Clear Foring Mal Bate signed Jan. 1.



Bell Spring Tool

Jones & remark of the

9-45-15M

A15 SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 462



Hagedstown, med

CERTIFICATE OF DEATH

Reg. Diat. No. 139

· ·		***	CERTIFICA	ATE OF DEAT	H Reg. Diat. N	139 20		
1. PLACE OF DEATH: County Washington					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
(If outside city or town limits, write RURAL and give nearest town)				411 III III III III III III III III III	State Maryland County Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)			
How long In above place of death? 3 yrs. Hospital, inslightion, or street address where death occurred: Washington County Hospital					Street No. 236 E. Washington St.			
How long in hospital	or Institution?	*****************		2.(a) II veteran, name war				
3. (a) FULL NAM	Œ		A salestandary		3. (b) Social Section	urity Number		
Paul	William	Shef	fler		173-03	-2927		
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced		MEDICAL CERTIFICATION	V		
M	W	M	arried	2D, DATE OF DEATH	12-23-4619	at 10 A.		
	or wife Nor			21. I CERTIFY that death ec	courred on the date above stated; That I altende	d deceased from		
7. Birth date of			c) If alive, give agey	and that I last saw h sand	alive on			
deceased (mo., day.	yra Jan	. 17,	1902			DURATION		
8. AGE: Year		Days	If less than one day		of faucties	15 week		
13. Birthplace	Plas Jacob J Frankli	. She		Due to	pregnancy within 3 months of death)			
14. Maiden name			, Penna.	Major lindings of operation				
16. Informant	36 E 1	riffe	The St Hogenst	ingl.	ertine the cause to which death should be ch			
17. Burial (Burial, cremation, or removal, Which?) Date thereol Dec. 27, 1946 (month) (day) (year)				Accident, suicide, or homici	22. VIOLENCE: If death was due to external causes, lill in the following: Accident, suicide, or homicide			
Cemetery or crematory Rest Haven Cemetery								
Location Hagerstown 18. Funeral director L. F. Reecher				Means of Injury	Injured at work			
18. Funeral director					/			
Addross	Funkst	own	as Halauss			ET' TI' OR ASSESSED		
19. (Date rec'd by r	egistrar)		Regist	rar Address 154 M	V. Wask. St. Date s	igned 12/24/46		



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully The is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1860

CERTIFICATE OF DEATH

	1	2	48	38	
Page	Dian	NI-	3	02	0

1.0		1	14	12)	2	1)
4	Reg.	Diat.	No.	J	0	7_	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	m. 1 1 11-1-+		
City or town. (If outside city or town limits, write RURAL and give nearest town)	State County County		
How long in above place of death?	City or town	town)	
Hospital, testitution, or street address where death occurred:	Street No. Salland md.		
Waru. Co. Dorpalay	(If rural, give LOCATION)	•••••	
How long in hospital or institution?	2.(a) tf veteran, name war		
3. (a) FULL NAME	3. (b) Social Security Num	ber	
Makel Trene Shew	lundo		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Demale White Married	20. DATE OF DEATH December 30 19 46 , at 1	10.15Am	
6,(b) Name of husband or win David K. Shawlindge	21. I SERTIFY that death occurred on the date above stated; that attended deceased the state of		
		19	
7. Birth date of deceased (mo., day, yr.) Quarent - 3 - 1880	and that I last saw her alive on the lember of	19	
8. AGE: Years Months Days If less than one day	Immediate cause of death	DURATION	
lob 4 27hrsmin.	Lobar Meanine		
C 1 21 L	men Freeding red of lot lemme	7/12/2	
9. Birthplace. (Town, connty, and state)	Due to V. Communication of the total of the		
10. Usual occupation Douas Wife	A docta-	ino	
11. Industry or business DIAM House	Due to.		
	Blbs. couldless		
12. Name William Allen	Other conditions		
	(Include pregnancy within 3 months of death)		
14. Malden name Julia Wrench 15. Birthplace	Major findings of operations		
El 15. Birthplace	Date of op	**********	
16. Informant David L. Shewlindge	Aotopsy results	*****************	
Address Is abland md.	PHYSICIAN: Please underline the cause to which death abould he charged statist	lically.	
2 - 1	22. VIOLENCE: tf death was due to external causes, fill in the following:	1.1	
(Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide	146	
Cemetery or crematory Church & The Bretteren Connetary	Where did injury occur?	ite)	
Location Brownsielle mod.	Injured at home, farm, Industry, public place (where?)	***************************************	
18. Funeral director WM 3 - Bat 9 Sous	Means of injury Occ. Fall injured at work? K	0	
Address Boonsbro md.	1 SIN SINGEN DAV. D		
Loc 31. 4 hkapfiBreward	23. SIGNATURE M. D. or oth	Elec	
(Date rec'd by registrar)	Address Doorstore Date signed	36/46	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 942

CERTIFICATE OF DEATH

A. Carrier

Reg. Dist. No.3020

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County, washington				State Laryland County Washington			
City er tewn. (If outside city or town limits, write RURAL and give nearest town)			URAL and give nearest town)	Hacerstown	City or town (If outside city or town limits, write RURAL and give nearest town)		
Hew long in above place of	death?	Year	8	(If outside city or town limits	, write RURAL and give ner	areat town)	
Hospital, Institution, or str	eet address where	death occurred:		Street No. 401 South Pot	omac st.		
			t.				
	stitution?	lone	***************************************	2.(a) If veteran, name warNone			
3. (a) FULL NAME					3. (b) Social Security	Number	
Mrs. K	eziah '	Verna	Shope		None		
4. Sex 5	and .			MEDICAL CE	ERTIFICATION	D	
Fenale	What	e Wid	WO.	20. DATE OF DEATH December	21 1946	., st 2	
6,(b) Name of husband or	W1	llam	C.	21. I CERTIFY that death occurred on the date abe	vs stated; that I attended doce	eazed frem	
6,(0) Name of husband or	Wile			100-	46 10 Lec:	21 1146	
7. Birth data of) If alive, give agey	and that I last ssw h. A. alive on	Dec 21	19.46	
deceased (mo., day, yr.)	Janu	ary 15	1890	Immediate cause of death		MOITARUD	
8. AGE: Yeara	Menths	Days	If leas than one day				
66	11	6	hrs		clusaion	1 thr	
9. Birthpiace t. PI	leasant	Westn	oreland Co. I	Pa Due te			
	(Iown,	county, and s	tate)				
1D. Uaual eccupation	nousew	TT.E	***************************************	Due te Sam check	LOLO	ملا و	
11. Industry or business	Own Ho						
				Dther conditions			
13. Birthplace	t. Plea	sant F	a.	(Include pregnancy within 3 r	Ab - 6 J-Ab)		
₩ 14 Molden name	Harriet	t Shie	lds				
HE 15. Birthplace				Major fiedings of operations			
101 11110111111111111111111111111111111	***************************************		3	Autopsy results	aich death should be charged	statistically.	
Address	Hagerst			22. VIOLENCE: If death was due to external cau			
17. Removal		Date there	12/23/46	Accident, suicide, or hemicide			
(Burial, cremation, or	r removal. Which	()	(month) (day) (year)				
Cemetery er crematery.	***************************************	leasar		Whera did Injury occur?(City or town)			
Lecation	Mt. P	leasar	nt Pa.	Injured at heme, farm, industry, public place (wi			
1B. Funerat directer				Mssns of Injury	Injured at werk?		
	Hagers	town.	Md.	4	-70	19 11	
Address		N. M. L.	1.111	28. SIGNATURE CANAL	J- Fort	or other	
19. Dee, 2	3,1,46	101	Rast 17 Joeus	Hose to	ol Date signed.	1 1	
(Date rec'd by regis	trar)		Regist	rar Address	Date signed.		



carefull

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PLEASE

			CERTIFICAT	TE OF DEATH	Reg. Dist. No	302	
County	nagers to utside city or town lize of death?	nits, write B	DRAL and give nearest town) years	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State Maryland County Nashington (If outside city or town limits, write RURAL and give nearest town) 45 W. Franklin St. (If rural, give LOCATION) 2.(a) If veteran, name war.			
3. (a) FULL NAME					3. (b) Social Security	y Number	
		Anns	H. Shrader		214-09-26	89	
4. Sex	5. Color of race	6.(a)Single	e, married, widowed, or divorced	*******	RTIFICATION		
Female	White	1	Vidowed	2D, DATE OF DEATH. December	11 1946	,11:15p	
6.(b) Name of husband 7. Birth date of deceased (mo., day, y	Dec		trader i) If alive, give ageyears 29, 1875	21. I CERTIFY that death occurred on the date above Sept. 25th. 194 and that I last saw h. er alive on Dec	e stated; that i ettended dec. 6 to Dec	11 th 19 46	
8. AGE: Years		Days	If less than one day	Immediate cause of death		do not	
7(0 11	12	hrs, min.	22.001.1000.401.904	<u>.s.</u>	know	
9. Birthplaceth. Usual occupation	(Town, No No	ne ne		Due to. Chronic Myocardit	is		
	Jerry Ho	rnbak	er	Other conditions			
12. Name	ear Merce	rsbur	g Pa.				
	Sarah D			(Include pregnancy within 3 m			
t4. Maiden name.	Vear Merc	ersbu	rg Pa.	Major findings of operations			
16. Informant Mrs	. Floren		atherman	Autopsy results		d statistically.	
Burial	, or removal. Which?)	Date ther	12-14-46 (month) (day) (year)	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	Date of		
Cemetery or cremato	Hagersto		n Cemetery	Where did injury occur?(City or town) Injured at home, farm, industry, public place (wh		(State)	
Location		***************	ich & Son	Means of injury	Injured at work?		
18. Funeral director)		
Address	lagerstow	n Md	0 1111	23. SIGNATURE W. P. 15	ender		
19. Dee (Date rec'd by re	14, 1946 gistrar)	167	Registrar		ALL, a	Dec. 13, 194	



9-45-15M

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

12431 Reg. Dist. No. 3020

1. PLACE OF DEATH: Washington County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Laryland County Washington City or town Thaters Town (If outside city or town limits, write RURAL and give nearest town) Street No. 365 S. Cannon Avenue (If rural, give LOGATION) 2.(a) It veteran, name war.		
3.(a) FULL NAME Eliza Shuler	3. (b) Social Security Number		
4. Sex Female 5. Color or race 8.(a)Single, married, wildowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH Dec. 3, 1946 8:00 A, M.		
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from 25 10 10 10 10 10 10 10 10 10 10 10 10 10		
8. AGE: Years Months Days It less than one day 5 hrsmin.	Immedia; cause of death DURATION (?) 1.0 mm		
9. Birthplace Shenandoah, Virginia (Town, county, and state) 10. Usual occupation Home Duties 11. Industry or business 12. Name Hiram. Shuler 13. Birthplace Shenandoah, Va.	Due to		
Elizabeth Koontz 14. Malden name Elizabeth Koontz 15. Birthplace Shenandoah, Va.	(Include pregnancy within 8 months of death) Major findings of operations		
t8. Informant Mrs. C. E. Thompson Address 1000 Penn. Ave Hagerstown, Md. 17. Burial Date thereot Dec. 5, 1946 (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Autopsy results. PHYSICIAN: Please underline the cause of which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide		
Cemetery or crematory Rose Hill Cemetery Location Hagerstown, Md.	Where did Injury occur?		
18. Funeral director. Fred W. Kraiss Address Hagerstown, Md. 19. Dec. 6: 1946 SkaeffBevers (Date rec'd by registrar) Registrar	23. SIGNATURE		



Birth + Death 12492

MARYLAND STATE DEPARTMENT OF HEALTH

TANK THE TOTAL STATE	DAME D	TA LAIL TI	TINE	OF	THURSDAN	100
CERTIFI	CATE	OF_	一個自			H

Reg. Dist. No. 3020

A certificate must be filed within 24 hours for every still birth of 20 weeks' gestation or more (see stub)

-			
1.	PLACE OF BIRTH:	2.	USUAL RESIDENCE OF MOTHER:
	County Nashungon City or town all slaum (If outside city or town limits, write RURAL and give nearest town)		State Maryland County Washington
in.	Street address, hospital, or institution: Length of mother's stay in County. 2 A years (How many years, or months, or days. SHECIFY WHICH)		City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 376 5. Clareland St. (If RURAL give LOCATION)
	Name of child Centhia ANN Smith Sex Demala 6. Twin or triplet.	1	Date of birth Dec. 2 1976 Hour 4.0 / M. No. of weeks pregnancy 36 weeks
	FATHER OF CHILD	1	MOTHER OF CHILD
8.	Full name Jesse Leray Smith	12.	Full maiden name Edith Vinginia Bishaf
9.	Color white 10. Age at time of this birth 33 yrs.	13.	Color white 14. Age at time of this birth 20 yrs.
11.	Usual occupation Silk wedner	15.	Usual occupation Housewife
16.	Other children born to mother (not including present child):	(a)	How many children of this mother are now living?
	(b) How many other children were born alive but are now dea		
	Did child die before labor? During labor?		Cause of stillbirth. Please be specific. For terms like prematurity, asphyxia, etc., try to add cause thereof. (a) Fetal causes
19.	Labor: (a) Complications of		(b) Maternal caused frematurity (course
20.	(a) Was there an operation for delivery? (b) State all operations, if any	22.	I certify to the birth of this child who was born dead on the date and hour above stated SUT SIED Signature (Specify if M. D., midwife, as other)
	(c) Did child die before operation?		Address Hagerstown Maryland.
23.	(a) Bureal (b) Date thereof Sec. 3, 1946 (Burial, cremation or removal) (month) (day) (year) (c) Cemetery or crematory Borressoro Cignater	-	(a) 14.3.1946 (b) Cheaff Soufers (Regylrar)
9.4		26.	
24.	(a) Funeral director W. J. Morment (b) Address Maguratown, Md.		The above certificate has been examined by me. Health Officer, per
	* See Instruction C on stub		



PLEASE

VS A15

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 186-6



2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

12493

302 Reg. Diet. No ...

County				City or town	ruret, give LOCATION)
3. (a) FULL NAM	E Els:	ie A.	Startzman .		3. (b) Social Security Number
4. Ser Female	5. Color or race White		e, married, widowed, or divorced Larried		CAL CERTIFICATION 18, 1946 19
	Anri			and that I leet eaw h. 2	the date above stated; that I attended deceased from 18. 46, to
8. AGE: Year	s Months	Days 22	If less than one dayhrsmin.		(s/chione) 2 750
1D. Usual occupation. 11. Industry or busines 12. Name	Home Bentz Kn Washing Elizabe Washing	ode ton Co th Shi	ounty, Md.	Due to Acaidental Falls Differ conditions (Include programmy Major findings of operations.	Rell Lawre Stapes Edugar Rell James Stapes Edugar Rell James Stapes 10 707 20 10 707 within 5 months of death) Date of op.
	Clarence 7 Virgin		tartzman e Hagerstown	manufactuat ma 1 at al	cames to which doeth should be cherged siciletically.
Cometery or cremet Location	Rose Ragerstow Fred W Hagers	Hill (n, Ma: . Kra: town,	con Dec. 20, 19 (month) (day) (year) Cemetery ryland. iss Md. Regietra	Accident, eulcide, or homicide	Date of Descentification. or town) (County) (State) o piece (where?) At Barnese

RECEIVED

DEC 23 1946

BEREAR

1-50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The domestic especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 60

2. USUAL RESIDENCE (HOME) OF DECEASED:

		4	0	40	4	
-		Diat.	6	4-3	56	0
	Reg.	Diat.	No.		والمعتدل	

Dr. Ditto

			- V
CERTIFIC	CATE	OF	DEATH

County	State A. I. I. County
3. (a) FULL NAME MRS CARRIE EVELYN STOUFFER	3. (b) Social Security Number
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced Fenale White Widowed	MEDICAL CERTIFICATION 2D. DATE DF DEATH. December 10. 19.46. at 11: 204 21. I CERTIFY that death occurred on the date above atated; that I aftended deceased from
6.(b) Name of husband or wife. John Wa. 6.(c) If alive, give age. years 7. Sirth data of deceased (mo. 4ay, yr.) June 26, 1981	and that I last asymbol alive on DURATION
8. AGE: Yeare Montha Days It less than one day 65 5 14	Cum But 39
9. Birthplace. Funkstown Washington Co. Md. (Town, county, and state) 10. Usual occupation. Housewife 11. Industry or business. Own Hone 12. Name. Walford Stouffer 13. Birthplace Hagerstown Id. 14. Maiden name. Lary Spassard 15. Sirthplace Chewsville Id. 16. Informani. Carrol Stouffer Address Hagerstown Md. 17. Burial (Burial, cremation, or removal. Which?) Cemetery or crematory. Manor Cemetery Location. Tilghmanton Id. 18. Funeral director. Andrew K. Coffman Address Hagerstown Id. 19. Nee. / 3. 18 46 Colean Moderness	Due to



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 107)



12495

Reg. Diat. No. 3020

CERTIFICATE OF DEATH

City or town(If c	snington lagerstow outside city or town I of death? 1 street address where gton Cou	imits, write F yr • 1 death occurre	URAL and give nearest town) MO • 8 da •	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland Cpubly. Washington City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town) Street No. 720 Chestnut Street (If rural, give LOCATION) 2.(a) If veteran, name war		
3. (a) FULL NAM	E Ju	dith	Ann Sweeney		3. (b) Social Security I	lumber
Female	S. Color or race White		e, married, widowed, or divorced ingle	MEDICAL CE 20. DATE DF DEATH. Dec • 22, 1	RTIFICATION 946 5;15	at A.
6.(ô) Name of husband 7. Birth date of deceased (mo., day,)	Nov.	14,	r) if alive, give ageyears 1945	21. I CERTIFY that death occurred on the date above and that I last saw hard alive on	10 Des 22	
8. AGE: Years	Months	Bays 8	If less than ons dayhrsmin.	Burner Ba	nels	3 day
10. Usual occupation 11. Industry or busines 12. Name	Inf alter C. Boonsbor	Swee	•	Due to		
14. Malden name.	Anna Ch			(Include pregnancy within 3 m		
16, Intermant	alter C. Chestnu		ney Hagerstown, Ad		ich desth should be charged	tatistically.
	Rose	Hill		Where did injury occur?(City or town)	(County)	(State)
18. Funeral director	Hagertow Fred agerstow	W. Kr	Biss	Injured at home, farm, industry, public place (wh Means of Injury 23. SIGNATURE	Injured at work?	
19 Dee	24, 1941	6 \$	Hart Howers	Address Address	M. D Date signed	1/2/46



CERTIFICATE OF DEATH

DURATION

Sai	/	
-	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
\ \frac{2}{2}ig	county Urcishington	State Maruland County Washington
on carefully. The colearly and legibly.	(If outside city or town limits, write RURAL and give nearest town)	00
/E	How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
V ef	Hospilal, Institution, or streef address where death occurred:	Street No. Lakin ane
cal	Lakin Cin	(If rural, give LOCATION)
on	How long in hospital or instillution?	2.(a) If veleran, name war
nati	3. (a) FULL NAME	3. (b) Social Security Number
orm	James Eller Jun	uch and mark
inf	4. Ssx 5. Color or race 6.(a) Single. msrrled, wildowed, or divorced	MEDICAL CERTIFICATION
item of information	male Culity Widowy	20. DATE OF DEATH December 26 19 46 1 3
BINDIN ry item o	6.(6) Name of husband or wite Mas. Gertrude Dhompson	21. I CERTIFY that death accurred on the date above stated; that I ettended deceased from
	(a) It allow when we want	Necember 20 19 46 10 livee. 26 19
FOR	7. Birth date of	and that I last saw h (222 alive on Aleen 18
E A	deceased (mo., day, yr.) R AGE- Years Months Days It less than one day	Immediate cause of death
VED F	8. AGE: Years Month's Days It less than one day	
EVED Supi	74 9 25hrsmin.	Eller of Premortings
RESERVED INK. Supp	9. Birthplace Droumeville Wash. Co. mal.	Ove fo
EESE	(Town, county, and state)	
0.5	10. Usual occupation Retired January	Oue to
RGIN RESE ADING INK Physicians:	1t. Industry or business	
- Fr.	王 12. Name	Other conditions
MA	13. Birthplace Vurginia	(Include pregnancy within 3 months of death)
NITH UNITED	14. Maiden name Octavia). Cambell 15. Birthplace Brownsille md.	
HTIM	15. Birthplace Brownsille md.	Major fiadings of operations
The same of the sa		Date of op.
N.E	16. Informant Statutora J. Subrupa a.	Autopsy results
PLAINLY,	Address Bronstrono md.	
Ä	17 Bursel Date thereof Dec. 29. 1946	22. VIOLENCE: If death was due to external causes, till in the following: Accident, suicide, or homicide
M H	(Burfal, cremation, or removal, Which?) (month) (day) (year)	
-15 FE	Cemetery or crematory 12 Doubles Charactery	Where did injury occur?
9-45-15 WRITE	Location Boonstone md.	Injured at home, tarm, industry, public place (where?)
	TIM & Box 45min	Means of Injury Injured at work?
VS A15	18. Funeral director	Milholh Sugar
A	Address Boonsbus md.	23. SIGNATURE WWW. Way M. W.
VS PL	10 Dec. 29. 1046 John W. Bask	Ba- 1 M. D. or other
	(Date rec'd by registrar) Registrar	Address / Source Date signed / 28

JAN 2-1947 BUREAU V B

VS A15

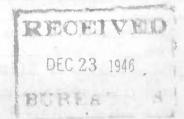
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

12497

and the last	9				2	A	0	25
1		Rev.	Dist.	No.	3	0	2	0

M. C.			CERTIFICA	ALE OF DEATH	-	Reg. Diat. No	3020
1. PLACE OF DEA	TH: ngton Co	unty		2. USUAL RESIDENCE ((For newborn infants g			
				state Maryland	Cour	w.Washingto	n
Unw long in above place	utside city or town if	mits, write R	URAL and give nearest town)	City or town William	msport.	Md. write RURAL and give n	earest town)
Hospital, Institution, or	street address where	death occurred	:	Street No. William	manort	Maryla nd	
Washing	ton Cou	nty Ho	spital	Street NoWilliam	(If rural, give	LOCATION	
How long in hospital or	institution?3.	hrs		2.(a) If veteran, name war	None		
3. (a) FULL NAME		aundra	a Lou Whitson			3. (b) Social Security None	Number .
4. Ses	5. Color or race	6.(a)Single	e, married, widowed, or divorced	M	EDICAL CE	RTIFICATION	
Female	White	Bal	oy	40		19 194	10:00
7. Birth date of		6.(0	y:) If alive, give ageyi	21. I CERTIFY that death occurr	19	, lo	19
deceased (mo., day, years	r.) Dec. 1	Days	tfless than one day	Immediate cause of death		*****************************	DURATION
8. AGE: Years	Multita	Days	3 hrs.		0		20
			hrs.	nin.			3000
9. SirthplaceHa	17.1		itete)	Due to.	mos	i.	4
11. Industry or business					• •	VIII	
				Ciher conditions			****
13. Birthplace U	lakahoma			(Include pres	gnancy within 8 n	nonths of death)	
14. Maiden name	Margaret	Eliz	abeth Chark	Major findings of operations	none		
15. Birtholace	Hacaret	own Me	4	Major Engings of operations		Date of op	
Tal	ha D Wh	4+000		Autopsy results	- 1		
TO, INTORNIANT Mr. JOAN	lliamspo		***************************************	PHYStCIAN: Please underline	e the cause to wh	sich death should be charge	d statistically.
17 Buris (Burial, cremation,	al	Date then	Dec. 20 194 (month) (day) (year)	22. VIOLENCE: If death was a Accident, suicide, or homicide.			********************************
Cametery or cremator	Rivery		emetery	Where did injury occur?			(State)
Location Wil	liamspor	t, Ma	ryland		y, public place (w		•••••
18. Funeral director	Edith V.	Leaf	***************************************	Maens of Injury	10	Injured at work?	1
Address #7 (Church S	t. W1	lliamsport, Mo	23. SIGNATURE	Rothe	is well	1 mg
19. Date rec'd by res	0, 19.46	BH	seff Lowers	rar Address Veses	town	M. D	12/20/



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VS A15 9.45-15M

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

12495

Reg. Diat. No. 3620

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of methor)		
County Washington	State Maryland County Washington		
City or town Security, Maryand (If outside city or town limits, write RURAL and give nearest town)			
How long in above piace of death? Life	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred: Washington County Hospital	Street No.		
Now long in hospital or institution? 2 months	(If rural, give LOCATION)		
	2.(a) If veleran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Kathryn Rebecca Widdows 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	None		
	MEDICAL CERTIFICATION		
Female White Single	20. DATE OF DEATH. Dec 10 19.46 at 250 P. M.		
6.(b) Name of husband or wife	21, I CENTIFF That begin occurred by the bate above stated; that Automore because from		
7. Birth date of	Oct 1 1946 to Dec 10 1946		
deceased (mo., day, yr.) February 15, 1931	and that I last saw h ER alive on Dec 10 19 46		
8. AGE: Years Months Days If less than one day	Immediair cruse of death Ocute aleukamic DURATION Lymphatic leukamia 3 mos		
15 9 25hrsmle	1. Smoot		
Hageratown Wash. Co. Md.	Rue de		
9. Birthplace Hagerstown, Wash, Co. Md. (Town, county, and state)	996 (4.		
10. Usual occupation High School Student	Due to		
11. Industry or business			
12. Name Owen L. Widdows	- Other conditions		
12. Name Owen L. Widdows 13. Birthplace Hagerstown, Maryland	(Include pregnancy within 3 months of death)		
14. Maiden name Mabel R. Earnshaw			
14. Maiden name Mabel R. Earnshaw 15. Birthplace Hagerstown, Maryland	Major findings of operations.		
16, Informant Owen L. Widdows	Date of op.		
Homestown Manyland	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the following:		
Burial (Burial, cremation, or removal, Which?) Burial (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Rose Hill Cemetery	Where did injury occur?		
Localion Hagerstown, Maryland	Injured at home, farm, industry, public place (where?)		
18. Funeral director C. M. Suter & Sons	Means of Injury Injured at work?		
	00 1180 160 0		
Address Hagerstown, Maryland	- 23 SIGNATURE Tolland U. L. Campbell M.A.		
10 Dec. 12, 10 46 Chart Bower	M.D. er other		
(Date rec'd by registrar) Registra	Address 14 5 W. Washington State signed Dec 11/46		



VS A15

rect age

2411 N. Charles St., Baltimore (121)

CERTIFICATE OF DEATH

Reg. Dist. No. 302 0

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
county. Tashing ton	Slate County Wanin ton		
City or lown	City or town (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?			
Washington County Hospital	Street No. 326 V. Mashinston St. (If rural, give LOCATION)		
How long in hospital or Institution?	2.(a) It veteran, name war. None	***	
3. (a) FULL NAME	3.(b) Social Security Number		
JOHN EARL WILTY	214-09-5844		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE OF DEATH December 1, 19 46, at 3 I	PM	
6.(b) Name of husband or wife Sara Willey	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	,	
7. Birth date of	(3 21, 1946 to dec 1, 1941	۶	
7. Birth date of deceased (mo., day, yr.) October 4, 1905	and that I last saw him alive on Dee 1, 18.4		
8. AGE: Years Months Days If less than one day	Immedialy cause of death DURATION OUT 1 y2		
41 1 27hrsmin.	Volene (Jalunies) chrussis 1 /3	*******	
9. Birthplace Fairfield Adams Co. Penna. (Town, county, and state)	Oue Io		
10. Usual occupation achine Operator	Bus la		
11. Industry or business Hagerstown Shoe Co.	DUE 10		
	Dither conditions Semortage from isophageal		
12. Name Francis Peters 13. Birthplace Fairfield Penna.	Variation (Include pregnancy within 3 months of death)		
14. Maiden name. Jenevieve Sease 15. Birthplace Emmitsburg Md.	Major findings of operations.		
16. Informant Mrs. Sara Wiley	Autopsy results Laline co Curhosio	*******	
Address Hagerstown Md.	PHYSICIAN: Plesse underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill in the tollowing;		
17. Brisl Date thereot 12/3/46 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory. Rest. Haven Cemetery	Where did injury occur?	******	
Location Hagerstown Md.	Injured at home, farm, Industry, public place (where?)	******	
1B. Funeral director Andrew K. Cofinen	Means of Injury Injured at work?		
Address Hagerstown Nd.	23. SIGNATURE R. S. Stanffer, W.D.		
19. Dec. 2, 19.46 Chart Bowers	M. D. or other		
(Date ree'd by registrer) Registrer	Address 1 & a gustown Md Date signed Dec 2,1	144	

DEC 4 1946

BUREAT S

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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157-6

CERTIFICATE OF DEATH

			CERTIT TOTAL	E OI DENIII	Reg. Dist. No	
1. PLACE OF DE	W	ashing	cton	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town. Haverstown . Harvland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?			7land URAL and give nearest town) 7S	State Maryland County Washington City or town Hagerstown (if outside city or town limits, write RURAL and give nearest town) Streef No. 618 Lanvale Street		
Washington Countyb Hospital			spital	Streef No. OLO Datify & Location)		
How long in hospital o	r instituiion?		***************************************	2.(a) If veteran, name war	***************************************	
3. (a) FULL NAM	E Unname	d chi	ld (Williamson))	3. (b) Social Security	Number
4. Sex Female	5. Color or race White		ngle	MEDICAL CERTIFICATION 20. DATE OF DEATH. 20. DATE OF DEATH. 20. DATE OF DEATH. 20. DATE OF DEATH.		12.45P w
	77 l	6. (c) If alive, give ageyears	21. I CERTIFY that death occurred on the d	late above stated; that I attended dec	2 19.24 G
8. AGE: Year		Days 10	if less than one dayhrsmin.	Immediate cause of death	ingus	OURATION
	\$\$	••••••	. Co. Md.	Due to Spen Man	ingocaele ifida	
12. Name	Unknown	1		Other conditions		
14. Malden name Pearl O. Williamson 15. Birthplace Hagerstown, Maryland				(Include pregnancy within 3 months of death) Major findings of operations		
16. Informant Owen Williamson Address Hagerstown, Maryland				Autopsy results		
17. Burial Date thereof 12-3-46 (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (Completely or crematory Rose Hill Cemetery)			12-3-46	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide		
Location Hagerstown, Maryland				Injured at home, farm, industry, public place (where?)		
18. Funeral director C. M. Suter & Sons Addrass Hagerstown, Maryland			land	Msans of Injury	A DIA COMA	nallows
19. Date rec'd by registrar) (Date rec'd by registrar) (Registrar)				23. SIGNATURE M. D. or other Address 145 W Washington Y Date signed 12/3/41		



WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly

especially

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 945

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Wasning ton					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
				State Maryland County Washington			
City or town. Riral Hagers town (If outside city or town limits, write RURAL and give nearest town)			JRAL and give nearest town)	City or town Rural Hagers (if outside city or town limits,			
How long in above place of death?							
					Street No. 2207 Virginia		
***************************************		-			(If rural, give LOCATION) 2.(a) the veteran, name war		
3. (a) FULL		(011087		***************************************			
3. (a) FULL		T IN SECTION	TIOT TO		3. (b) Social Security Number		
A Ren	JOHN	LEWIS Color or race		, married, widowed, or divorced	U	578-05-5819	
4. Sex		White		cried		RTIFICATION	
Lale		WILL LE	1/201	Tied	20. DATE OF DEATH. December S	3 1946 ₁₉ 46 ₂₁ /2:451	
6.(b) Name of h	usband or wi	te Mar	y E. V	Tolf	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
			6.(c) If alive, give age 63 years	1943		
7. Birth date of		Sent	. 28,1	1882	and that I last saw halive on	e 9 10 f 6	
deceased (mo	Yeare	Months	Days	If less than one day	Immediais cause of death	DURATION	
o. Ace.	64	2	11	hrs. min.	Caronary De	P. Landing Co.	
				ington Co Nd			
9. Birthplace	*******	(Town,	county, and at	ington Co. Md.	Seneral Mulliple	authentis 3 Geo	
10. Usual occu	pationO	arnent	er	***************************************	Due to.		
11. Industry or					006 10		
		iam H.	Wolf		Dither conditions		
12, Name		mples					
					(Include pregnancy within 3 m		
E 14. Malden	name	Christ educionististados con educ	da, belefek bit		Major findings of operations		
≥ 15. Birthpl	ace na	arah T gersto Marv	wn ma.		Date of op.		
16. Informant	lrs.	Mary	W. Wol	L	Antopsy results	ich dooth should be charred statistically	
Address	Hag	rstown	Md.				
u Bu	rial	emoval. Which?)	Date there	of 12/12/46 (month) (day) (year)	22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide		
Cemetery or crematory. Rose Hill Cemetery					Where did injury occur?(City or town)		
Location Hagerstown Md.					injured at home, farm, industry, public place (who		
18. Funeral dir	ectorAn	drew K	Coff	fman	Means of Injury	injured at work?	
Address Hagerstown Md.					Lan -		
1 11 11 10 11/1 11/1					23. SIGNATURE	M, D, on other	
19. (Date ree'd by registrar) (Date ree'd by registrar) (Registrar)					Address Divillia and took	7 740 Date signed 12/10/4	



2411 N. Charles St., Baltimore 1640

CERTIFICATE OF DEATH

	125!	1 /
	Reg. Dist.	No. 3010

1. PLACE OF DE				2. USUAL RESIDENCE (HON	ME) OF DECEASED:	
county Washington				state Maryland county Washington		
City or town Williams port Md (If outside city or town limits, write RURAL and give nearest town)			RAL and give negrest town)			
Now long in above place	of death? 5.6	Yrs.		City or town Wlllams	port Md.	at town)
Hospital, institution, or	r street address where	death occurred:		Street No. #40 W. Po:	tomac St.	
#40 W.	Potomac S) T .	***************************************	" (If ru	ral, give LOCATION)	
How long to hospitat o	r Institution?		***************************************	2.(a) if veteran, name war	one	
3. (a) FULL NAM			\		3. (b) Social Security N	umber
	Le	ona	M. Wal,	ford	None	
4. Sex	5. Color or race		married, widowed, or divorced		AL CERTIFICATION	A
Female	White	Marr	ied	20. DATE OF DEATH	ec. 15 1146	10:30
e (E) Name of busheed	a with Charl	es Dev	is Wolford	21. I CERTIFY that death occurred on the	e date above stated: that I attended deceas	ed from
					19 to	t9
7. Birth date of			if alive, give age 57 years	and that I last saw halive on		18
deceased (mo., day,	VID NOV. 1	1 1890		Immediate cause of death		DURATION
8. AGE: Year	s Months	Days	if less than one day		•	
56	1	2	hrsmln.	Tun she	of would noto	
W 1	lliamspo	rt. Md		Puero chest ca	ni ky	
	Illiamspo			6 th wister	space to WH-	
10. Usual occupation.	Housew	ife	***************************************	and of steems	in	
11. Industry or busines	Hama			7 Totalia	1 human kage	***************************************
		McKelv	ey	4 50	inch	00000001100000000000000000000000000000
	Villiamsp			Uther conditions		
Date of the same o	M C4			(Include pregnancy	within 3 months of death)	
14. Malden name.	Mary Si Williams	nger	Md	Major findings of operations		20000000000000000000000000000000000000
15. Birthplace	Williams	port,	MQ	The second secon		a. 0300 a goo a gg o o o o g o o o o o o o o o
	homles De	wie Wo	lford	Antopsy results No		
				PHYSICIAN: Please underline the ca	use to which death abould be charged at	atistically.
Address #40	M. LOCOR	lac bu.	Williamsport	22. VIOLENCE: If death was due to ex	stermal causes. fill in the following:	,
17 Buria	n, or removal. Which?	Date thereo	Dec. 18 1946	Accident, suicide, or homicide.		2.15/46
				Whore did injury occur?	import works.	wo.
Cometery or crematory Riverview Cemetery			etery	(City o		(State)
Location Wil	liamsport	5, Md.		Injured at home, farm, Industry, public		
18. Funerat director	Edith V.	Leaf	*** ***********************************	Means of Injury 32 res	Place Injured at work?	ty med.
	Church St	. Will	iamsport Md	Skolus :	, , ,	42-60
Address II .		60	1106/	23. SIGNATURE TO THE S	Wells Exams.	The said
19 Dec /2	1946	C Ce	encoy	Harrist	on hid Date signed &	10/5/4
(Date rec'd by r	egistrar)		Registrat	Address	Date signed	

PLEASE WRITE PLAINLY, WITH CNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

RECEIVED

DEC 23 1946

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